

# Law Enforcement Officer's Instruction Manual for Completing the Wisconsin Motor Vehicle Accident Report Form (MV4000)



1998 Edition



Division of Motor Vehicles  
Bureau of Driver Services  
Traffic Accident Section

BDS 122 198





## Wisconsin Department of Transportation

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Governor

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We gratefully acknowledge the many suggestions law enforcement officers and others have contributed toward the revision of this instruction manual.

We especially thank the members of the Police Accident Report Manual Revision Team for the significant time and exemplary work they devoted toward making a quality Law Enforcement Officer's Instruction Manual.

### Police Accident Report Manual Revision Team

#### **Police Departments**

Sergeant Steve Cardarella, Madison Police Department  
Patrol Officer Kevin Eckelberg, Tomah Police Department  
Sergeant Dennis Wargolet, Milwaukee Police Department  
Sergeant Douglas Wipperfurth, Fitchburg Police Department

#### **Sheriff's Departments**

Deputy Bart Barrington, Outagamie County Sheriff's Department  
Sergeant Robert Klinke, Clark County Sheriff's Department

#### **Wisconsin State Patrol**

Trooper David Hertig, District #4, Wisconsin State Patrol

Again, thank you for assisting us in this important task.

Sincerely,

Roger D. Cross  
Administrator

(Cover design by Police Officer Phil Yahnke, Madison Police Department)

## QUICK REFERENCE

<u>Subject</u>	<u>Reference Page</u>
Amending .....	3, 15, 85
Bicycle .....	17, 37, 43, 47, 51, 53, 55, 65, 67, 73, 94, 96, 97, 99, 101
Child Under 7 Driving .....	41
Deer .....	21, 39, 61, 69, 71, 73, 77, 103-106
Domestic Animals .....	71, 73, 79, 95
Driverless Vehicle .....	41, 53, 55, 57, 83
First Harmful Event .....	25, 69, 95
Fixed Object Struck .....	69, 71, 73, 77, 81, 95
Hit and Run .....	21, 41, 71, 75, 107
Illegally Parked .....	41, 57, 81, 83
In Other Roadway .....	69
Injuries .....	19, 51, 61, 63, 67, 95
Legally Parked .....	39, 41, 73, 81, 83, 95, 107
Most Harmful Event .....	69, 95
Non-Reportable .....	2, 15
Non-Contact .....	17, 35, 37
Occupants .....	19, 39, 41, 53, 55, 61-67, 95
Open Door .....	41, 57
Parking Lot .....	25, 29, 39, 81
Pedestrian .....	3, 17, 35, 37, 39, 43, 47, 51, 53, 55, 65, 67, 71, 73, 75, 83, 85, 95, 96, 99, 108
Private Property .....	25, 29, 81
Safety Equipment .....	55, 65
School Bus .....	23, 39, 47-49, 53, 65, 79, 91-93, 96, 97
Seating Position .....	53, 65
Second Page .....	15, 23, 35, 85
Sitting on Lap .....	53, 65
Squad .....	15, 43, 102
Trailer .....	21, 49, 53, 57, 65, 75, 79, 81, 93, 97
Train .....	37, 39, 47, 61, 96, 101
Unit .....	17, 35, 37, 96

# LAW ENFORCEMENT OFFICER'S INSTRUCTION MANUAL

## Introduction

This instruction manual was developed to aid law enforcement officers with completing the scannable Wisconsin Motor Vehicle Accident Report (MV4000) form. **Definition:** Accident is an occurrence that originates or terminates on a traffic way, which involves at least one motor vehicle in transport, and results in any of the following:

1. Injury or fatality of a person
2. Total damage to one person's property to an apparent extent of \$1000 or more (refer to back cover for a guide to assist in determining reportability)
3. Damage to government-owned property to an apparent extent of \$200 or more, except government-owned vehicles, which are \$1000.

(Per TRANS 100, Wis. Admin. Code this includes INTENTIONAL ACTS.)

If an accident meets any of the three criteria it is a "reportable accident," and the MV4000 must be completed by the investigating agency. Send the ORIGINAL to the Wisconsin Department of Transportation (DOT) **within 10 days**. DO NOT fold or staple the accident reports you send. If the accident is nonreportable, do not send the accident report to DOT. It is not the intent of this manual to answer every question that may arise. For unique situations contact your department accident reporting specialist or supervisor. When necessary, call the Traffic Accident Section for clarification.

When a law enforcement agency does not investigate a reportable accident, the operator of each motor vehicle is required to complete an MV4002, Driver Report of Accident, if the accident appears to meet any of the three minimum accident reporting criteria. Please inform the operators that forms are available at police, sheriff's departments, **State Patrol districts** or DMV customer service centers.

**Please use a #2 PENCIL** when completing the scannable MV4000 form. **Do not use felt tip pens as they can cause "bleed through."** Throughout this instruction manual, "MARK" means the field is scannable; fill the bubble completely. "ENTER" means the field is non-scannable; type or print information using block-style letters in the field.

When a box appears in tandem with a scannable field, both must be completed as shown in the example below:

County	
09	
01	
02	
03	
04	
05	
06	
07	
08	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	

### Chippewa County:

Enter '09' in the boxes  
and mark bubbles '0' and  
'9'.

**Do not line out any fields on the scannable MV4000 form.** DOT Questions: Call (608) 266-8753 Mon-Fri 7:30 am to 4:30 pm. or use TTY identifier DASR.



## PROCEDURE FOR AMENDING AN ACCIDENT REPORT FORM

Please use the following procedure when submitting amended accident report forms:

1. Mark the "Amended Document" bubble in the upper left hand corner of the MV4000 form, and enter the original document number of the accident report you are amending in field 0 and again in field 121, "Document Number Override," on pages 1 and 4 of the MV4000. **Do NOT delete or alter the pre-printed document number.**
2. Enter and mark the "County" and "MUN/TWP," the "Accident Date," and the name of one of the operators/**owners identified on the original report** (i.e. fields 2, 3, 4, 25 **and 46**, respectively).
3. Then, mark and enter only the information you are seeking to amend **and list field numbers that were changed in the narrative. It is also acceptable to highlight the changed areas with a YELLOW marker.**
4. Enter the information in fields 125 - 131 and 135. "Date of Report," field 135, is the date the report was amended.
5. **FATALITY:** If your amendment is to add a fatality, follow steps 1-4, complete and send the MV3480 "Fatal Accident Supplement Form," and send an administrative TTY message to MVFR (see Appendices 1 & 2). Refer to page 19 for definition of fatality.

### Blank Fields

A field may be left blank when: 1) An "N/A" bubble does not exist for it, and, 2) It does not apply or exist for the accident. If there is no pedestrian involved in the accident, do not complete pedestrian location or action. **When there is NO unit for a "Possible Contributing Circumstance" (page 4 of report), do not complete "N/A" bubble(s).**

### QUALITY CONTROL

We compliment the many law enforcement agencies who have established quality control procedures for reviewing all MV4000 forms. These procedures result in complete and accurate accident reports and significantly reduce the number of reports returned for correction.

The Police Accident Report Manual Revision Team recommends all Wisconsin law enforcement agencies establish MV4000 report quality control procedures.

# Wisconsin Motor Vehicle Accident Report

Document Number Override

## INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Mark

Reportable Accident

County MUN/TWP

10 05

Accident Date

MONTH DAY YEAR

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

07 97

Time of Accident (Military Time)

Hour Min

17 37

Total Number

UNITS INVOLVED XCHD

02 04 00

Hit & Run

Government Property

Fire (Narrative)

Photos Taken (Narrative)

Trailer or Towed (Narrative)

Truck or Bus (Last Page)

Load Spillage

Construction Zone

Names Exchanged

Unit #

Sheet No. Of

12

## ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

LATITUDE (GPS) Degrees

Minutes

Seconds

Estimated

FT. M

From

Hay No and Street Name

CTH G

House #

Valley #

Fire #

Railroad #

Other

Agency Space

Special Study

Unit Number

Unit Type

Total Number of Occupants

Direction of Travel (Before the Accident)

Unit Number

Unit Type

Total Number of Occupants

Direction of Travel (Before the Accident)

Speed Limit

Operator Last Name

First Name

M.I.

Address Street & Number

City & State

ZIP

Phone Number

Driver's License Number

State

Exp. Year

Class (Mark Only One)

Endorse (Mark All That Apply)

Due of Birth

Class (Mark Only One)

Endorse (Mark All That Apply)

On Duty Accident

Sex

Operating

Classified

CMV

Water Hydr Maintenance

Severity

SEAT Position

SAFETY Equipment

AIRBAG

EJECTED

Not Applicable

Partially Ejected

Trapped/Extricated

Vehicle Owner

State

Last Name

First Name

M.I.

Street Address

City & State

ZIP

Phone Number

Vehicle ID Number

Year of Vehicle

Make

Model

Body Style

Color

Year of Vehicle

Make

Model

Body Style

Color

Vehicle ID Number

Year of Vehicle

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Occupant Unit Number	NAME KIRN	Last KERRY	First L	M.I. L	Date of Birth 02-11-70	Sex M	Severity 3	SEAT Position 0	SAFETY Equipment 0	AIRBAG Deployed Not Deployed Not Applicable Unknown
Address Same as Operator	ADDRESS N 1084 CTH G		Street & Number		WILLARD W1 54493	City & State	ZIP	Medical Transport		Agency Space
Occupant Unit Number	NAME CUMMINGS	Last SANDRA	First M	M.I. M	Date of Birth 01-24-48	Sex F	Severity 4	SEAT Position 1	SAFETY Equipment 1	AIRBAG Deployed Not Deployed Not Applicable Unknown
Address Same as Operator	ADDRESS SANDRA		Street & Number		City & State	ZIP	Medical Transport		Agency Space	

### Type of Accident

☒ First Harmful Event

Most Harmful Event	
Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10

(Select one per vehicle)

#### Collision With Object Not Fitted

1	Minor Vehicle in Transport	2
2	Parked Motor Vehicle	2
3	Deer	4
4	Podiatric	4
5	Pedestrian	4
6	Railroad Train	4
7	Other Animal	2
8	Minor Vehicle in Transport	3
9	In Other Roadway	
10	Other Object (Not Fitted)	9

#### Collision With Fitted Object

1	Traffic Sign Post	10
2	Traffic Signal	10
3	Utility Pole	10
4	Light Support	10
5	Other Post	10
6	Tree	10
7	Mailbox	10
8	Guardrail Face	10
9	Guardrail End	10
10	Median Barrier	10
11	Bridge Parapet End	10
12	Bridge Pier Abut	10
13	Impact Attenuator	10
14	Overhead Sign Post	10
15	Bridge Rail	10
16	Culvert	10
17	Ditch	10
18	Carb	10
19	Embankment	10
20	Fence	10
21	Other Fitted Object	10
22	Unknown	20

#### Non-Collision

1	Overturn	10
2	Fire Explosion	10
3	Incapacitive	10
4	Jackknife	10
5	Other Non-Collision	10

### Driver Condition

Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10

#### Driver Factors (Or Pedestrians)

1	Appeared Normal	2
2	Reduced Alertness	2
3	Ability Impaired	2
4	Not Observed	4

#### Presence

☒ Neither Method nor Drugs Present

1	Yes-Alcohol Present	2
2	Yes-Drugs Present	2
3	Yes-Alcohol & Drugs Present	2
4	Unknown	2

#### Alcohol

1	Test Not Given	10
2	Test Refused	10
3	Test Given, Alcohol Unknown	10
4	Test Given, No Alcohol Reported	10

#### Drugs

1	Test Not Given	10
2	Test Refused	10
3	Test Given, Drugs Unknown	10
4	Test Given, No Drugs Reported	10
5	Drugs Reported (Specify Below)	10
6	Marijuana	10
7	Cocaine	10
8	Opium	10
9	Amphetamines	10
10	PCP	10
11	Other Drug Medication	10
12	Type Unknown	10

### Unit #

1 2 3 4 5 6 7 8 9 10

#### Pedestrian Location

1	In Crosswalk	2	Walking not Facing Traffic
2	In Roadway	3	Disregarded Signal
3	Not in Roadway	4	Flashing on Road
4	On Sidewalk	5	Dark Clothing
5		6	Walking Facing Traffic

### Manner of Collision

1	No Collision with Motor Vehicle in Transport
2	Rear End
3	Head On
4	Rear to Rear
5	Angle
6	Sideswipe, Same Direction
7	Sideswipe, Opposite Direction
8	Unknown

### Unit #

1 2 3 4 5 6 7 8 9 10

#### Darken Numbered Area(s) of Vehicle Damage

1	None
2	Front
3	Rear
4	Left Side
5	Right Side
6	Top
7	Bottom
8	Other
9	Unknown

#### Extent of Damage

1	None
2	Minor
3	Major
4	Severe
5	Unknown

### Vehicle Towed Due to Damage

☒ Yes ☐ No

### Vehicle Towed By

**METZ TOWING**

### Unit #

1 2 3 4 5 6 7 8 9 10

#### Darken Numbered Area(s) of Vehicle Damage

1	None
2	Front
3	Rear
4	Left Side
5	Right Side
6	Top
7	Bottom
8	Other
9	Unknown

#### Extent of Damage

1	None
2	Minor
3	Major
4	Severe
5	Unknown

Fixed Object Struck	PROPERTY LOSS	CLARK CO HIGHWAY DEPT
Unit # 10	OWNER	CLARK CO HIGHWAY DEPT
Govt. Damage Tag # 12345	ADDRESS	801 GRAND AVE
	City & State	NEILLSVILLE W1 54456
	ZIP	743-3214

1. Name of the person who  
 2. Address of the person who  
 3. Date of the report



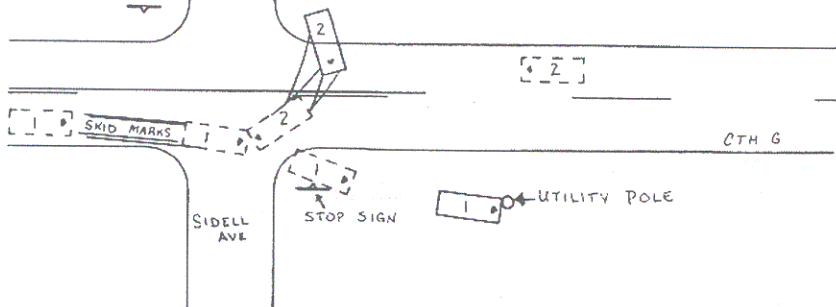
# Pictorial Representation of Narrative

Supplemental Reports • Witness Statements • Measurements Taken

Standard to Impact

Unit 1 66 Unit 2 0

Surface Type ASPHALT



N. VEH 1 WAS EASTBOUND ON CTH G. VEH 2 WAS WESTBOUND ON CTH G AND ATTEMPTED TO TURN SOUTHBOUND ON SIDELL AVE. VEH 1 CAME OVER HILL CREST AND VEH 2 TURNED LEFT INTO VEH 1'S LANE. VEH 1 TRIED TO STOP, HOWEVER VEH 1 COLLIDED WITH VEH 2 CAUSING VEH 1 TO GO INTO SOUTH DITCH HITTING A STOP SIGN AND UTILITY POLE. VEH 2 SPUN INTO WESTBOUND LANE FACING SOUTHEAST. CITATIONS TO DRIVER 2: 346.63 (1)(a) 346.63 (1)(b)

WITNESS NAME: REITHER CAROL J  
 ADDRESS: 1403 EVERGREEN DR  
 City & State: LOYAL WI 54446  
 Date of Birth: 12-25-47  
 Phone Number: 1715 1255-1234

- ACCESS CONTROL**
  - No Control
  - Unlimited Access
  - Full Control
  - Only Ramp Entry/Exit
  - Partial Control
- TRAFFIC WAY**
  - Not Physically Divided
  - 2-Way Traffic
  - Divided Highway, Median
  - Strip, without Traffic Barrier
  - Divided Highway, Median
  - Strip with Traffic Barrier
  - One-Way Traffic
  - Parking Lot or Private Property
- ROAD TERRAIN**
  - Part A
    - Straight
    - Curve
  - Part B
    - Level Flat
    - Hill
- ROAD SURFACE CONDITION**
  - Dry
  - Wet
  - Snow/Slush
  - Ice
  - Sand/Mud/Dirt/Oil
  - Other
  - Unknown

- LIGHT CONDITION**
  - Daylight
  - Dark-Not Lighted
  - Dark-Lighted
  - Dark
  - Dusk
  - Unknown

- WEATHER**
  - Clear
  - Cloudy
  - Rain
  - Snow
  - Fog, Smog, Smoke
  - Sleet/Hail
  - Freezing Rain or Drizzle
  - Blowing Sand, Soil, Dust, Snow
  - Severe Crosswinds
  - Other
  - Unknown

- RELATION TO ROADWAY**
  - On Roadway
  - Parking Lot or Private Property
  - Shoulder (Other than Shoulder within Median or Groove)
  - Median (Other than Median with a Groove)
  - Outside Shoulder-Left
  - Outside Shoulder-Right
  - Off Roadway - Location Unknown
  - Center Line Between Ramp & Highway
  - On Ramp
  - Unknown

Photos By: DEPUTY POLYN

## What Drivers Were Doing

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
1	Going Straight
2	Making Left Turn
3	Making Right Turn
4	Slowing or Stopping
5	Stopped in Traffic
6	Legally Parked
7	Violating No Passing Zone
8	Illegally Parked
9	Parking Maneuver
10	Backing Maneuver
11	Changing Lanes
12	Overtaking on right
13	Overtaking on left
14	Making U Turn
15	Turning on red
16	Yielding
17	Negotiating Curve
18	Other

## Traffic Control

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
1	No Control
2	Traffic Signal Operating
3	Traffic Signal Flashing
4	Stop Sign
5	Stop Sign with Flasher
6	Warning
7	Warning with Flasher
8	Yield Sign
9	Traffic Control Person
10	Reversing Signal
11	Other



## Officer's Opinion of Possible Contributing Circumstances

Driver Factors	
Unit Number	Unit Number
• N/A	• N/A
Exceeding Speed Limit	•
Exceeding Post Violation	•
Fail to Yield Right of Way	•
Inattentive Driving	•
Following too Close	•
Improper Turn	•
Left of Center	•
Disregarded Traffic Control	•
Improper Overtaking	•
Unsafe backing	•
Failure to have Control	•
Driver Condition	•
Physically Disabled	•
Other	•

Vehicle Factors	
Unit Number	Unit Number
• N/A	• N/A
Brake System	•
Tires	•
Steering System	•
Turn Signals	•
Horn/Lights	•
Stop Lamps	•
Full Lamps	•
Disabled in Prior Accident	•
Other Disabled	•
Wipers	•
Suspension System	•
Other	•

Highway Factors	
Unit Number	Unit Number
• N/A	• N/A
Snow, Ice or Wet	•
Narrow Shoulder	•
Low Shoulder	•
Soft Shoulder	•
Loose Gravel	•
Rough Pavement	•
Debris from Prior Accident	•
Other Debris	•
Sign Obscured or Missing	•
Narrow Bridge	•
Construction Zone	•
Visibility Obscured	•
Other	•

## OFFICER INFORMATION

Last	First	MI
KLINKE		SGT
Law Enforcement Agency Address		
517 COURT ST		
City & State	ZIP	
NEILLSVILLE WI	54456	
Phone Number		
(715) 743-3157		
Agency #	Employment Agency	Officer ID #
	CLARK	505

Date Notified			Time Notified (Military Time)			Time Arrived (Military Time)			Date of Report		
MONTH	DAY	YEAR	HOUR	MIN	SEC	HOUR	MIN	SEC	MONTH	DAY	YEAR
Jan	07	97	17	45		17	56		Jan	07	97
Feb									Feb		
Mar									Mar		
Apr									Apr		
May									May		
June									June		
July									July		
Aug									Aug		
Sept									Sept		
Oct									Oct		
Nov									Nov		
Dec									Dec		

## Truck &amp; Bus Accident Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When to Use This Section: Did the accident involve...

Part A

A truck with at least two axles and six tires? ☐

A truck with a hazardous material placard? ☐

A bus designed to carry 16 or more persons, including the driver? ☐

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Are person who was fatally injured? ☐

Any injured person requiring transport for immediate medical treatment? ☐

One or more vehicles that had to be towed from the scene as a result of the accident? ☐

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section.

## Hazardous Material Information

• Hazardous Material Class Numbers (1-2 digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed: ☐

• Hazardous Cargo was Released: ☐

List the Hazardous Material(s) by name in this load:

List the Name(s) of Released Hazardous Material(s):

## Carrier Information

Carrier Identification Numbers	Source:
US DOT <input type="text"/>	Vehicle Side
ICC MC <input type="text"/>	Shipping Papers
Carrier address <input type="text"/>	Truck Manifest
	Driver Log Book

## Vehicle Information

Vehicle Information		Vehicle Weight Rating	HS	Total # of wheels
Manufacturer and model <input type="text"/>	Year <input type="text"/>	Weight <input type="text"/>		
Vehicle type <input type="text"/>	Vehicle color <input type="text"/>	Vehicle type <input type="text"/>		
SEQUENCE OF EVENTS FOR THIS VEHICLE				
1. Run off Road	2. Collision involving motor vehicle in transit	3. Collision involving parked motor vehicle	4. Collision involving train	5. Collision involving pedestrian
2. Jackknife	3. Collision involving parked motor vehicle	4. Collision involving train	5. Collision involving pedestrian	6. Collision involving other object
3. Overturn (Rollover)	4. Collision involving train	5. Collision involving pedestrian	6. Collision involving other object	7. Other
4. Downhill Runaway	5. Collision involving pedestrian	6. Collision involving other object	7. Other	
5. Cargo loss or Shift	6. Collision involving other object	7. Other		
6. Explosion or fire	7. Other			
7. Separation of Units				
8. Collision involving pedestrian				

### Occupant and Fixed Object Struck Supplement

Document Number Override

6851141

Sheet No.

Of

2	2
---	---

**INSTRUCTIONS:** This supplement may be used to list additional occupants and fixed object struck information associated with an accident. Enter the original accident report document number in the "Document Number Override" box, enter the correct page number in the "Sheet No. Of" box. Then, follow the instructions for fields 65-78 (occupants) and/or fields 82-87 (fixed objects struck), as appropriate, in the Law Enforcement Officer's Instruction Manual.

<b>Occupant</b> Unit Number 1 2 3 4 5 6 7 8 9 10	NAME <b>SCHWANTES GABRIEL</b> ADDRESS Street & Number	First <b>D</b> City & State <b>09-10-75</b>	M.I. <b>D</b> Date of Birth <b>09-10-75</b>	Sex <b>M</b> ZIP	Severity (1) <input checked="" type="radio"/> (2) <input checked="" type="radio"/> (3) <input checked="" type="radio"/> (4) <input checked="" type="radio"/> (5) <input checked="" type="radio"/> (6) <input checked="" type="radio"/> (7) <input checked="" type="radio"/> (8) <input checked="" type="radio"/> (9) <input checked="" type="radio"/> (10) <input checked="" type="radio"/>	SEAT Position <b>6</b>	SAFETY Equipment <b>1</b>	AIRBAG Deployed <input checked="" type="radio"/> Not Deployed <input checked="" type="radio"/> Not Applicable <input checked="" type="radio"/> Unknown	
<b>Address Same as Operator</b> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	EFFECTED (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Totally Ejected (3) <input checked="" type="checkbox"/> Partially Ejected (4) <input checked="" type="checkbox"/> Unknown	TRAPPED/ EXTRICATED (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown	Medical Transport (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown	Agency Space (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown					
<b>Occupant</b> Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last <b>SCHWANTES</b> ADDRESS Street & Number	First <b>G</b> City & State <b>09-10-75</b>	M.I. <b>D</b> Date of Birth <b>09-10-75</b>	Sex <b>M</b> ZIP	Severity (1) <input checked="" type="radio"/> (2) <input checked="" type="radio"/> (3) <input checked="" type="radio"/> (4) <input checked="" type="radio"/> (5) <input checked="" type="radio"/> (6) <input checked="" type="radio"/> (7) <input checked="" type="radio"/> (8) <input checked="" type="radio"/> (9) <input checked="" type="radio"/> (10) <input checked="" type="radio"/>	SEAT Position <b>6</b>	SAFETY Equipment <b>1</b>	AIRBAG Deployed <input checked="" type="radio"/> Not Deployed <input checked="" type="radio"/> Not Applicable <input checked="" type="radio"/> Unknown	
<b>Address Same as Operator</b> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	EFFECTED (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Totally Ejected (3) <input checked="" type="checkbox"/> Partially Ejected (4) <input checked="" type="checkbox"/> Unknown	TRAPPED/ EXTRICATED (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown	Medical Transport (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown	Agency Space (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown					
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<b>Address Same as Operator</b> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	EFFECTED (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Totally Ejected (3) <input checked="" type="checkbox"/> Partially Ejected (4) <input checked="" type="checkbox"/> Unknown	TRAPPED/ EXTRICATED (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown	Medical Transport (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown	Agency Space (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown					
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<b>Address Same as Operator</b> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	EFFECTED (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Totally Ejected (3) <input checked="" type="checkbox"/> Partially Ejected (4) <input checked="" type="checkbox"/> Unknown	TRAPPED/ EXTRICATED (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown	Medical Transport (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown	Agency Space (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown					
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<b>Address Same as Operator</b> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	EFFECTED (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Totally Ejected (3) <input checked="" type="checkbox"/> Partially Ejected (4) <input checked="" type="checkbox"/> Unknown	TRAPPED/ EXTRICATED (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (4) <input checked="" type="checkbox"/> Trapped/Not Ejected (5) <input checked="" type="checkbox"/> Unknown	Medical Transport (1) <input checked="" type="checkbox"/> Not Applicable (2) <input checked="" type="checkbox"/> Not Trapped (3) <input checked="" type="checkbox"/> Trapped/Ejected (						

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NY 400-1293



Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
Address Same as Operator	EJECTED	1 Not Applicable	2 Not Applicable	3 Not Applicable	4 Not Applicable	5 Not Applicable	6 Not Applicable	7 Not Applicable	8 Not Applicable	9 Not Applicable
NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG	1 Deployed 2 Not Deployed 3 Not Applicable 4 Unknown
ADDRESS	Street & Number	City & State	ZIP							
Address Same as Operator	EJECTED	1 Not Applicable	2 Not Applicable	3 Not Applicable	4 Not Applicable	5 Not Applicable	6 Not Applicable	7 Not Applicable	8 Not Applicable	9 Not Applicable
NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG	1 Deployed 2 Not Deployed 3 Not Applicable 4 Unknown
ADDRESS	Street & Number	City & State	ZIP							
Address Same as Operator	EJECTED	1 Not Applicable	2 Not Applicable	3 Not Applicable	4 Not Applicable	5 Not Applicable	6 Not Applicable	7 Not Applicable	8 Not Applicable	9 Not Applicable
NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG	1 Deployed 2 Not Deployed 3 Not Applicable 4 Unknown
ADDRESS	Street & Number	City & State	ZIP							
Address Same as Operator	EJECTED	1 Not Applicable	2 Not Applicable	3 Not Applicable	4 Not Applicable	5 Not Applicable	6 Not Applicable	7 Not Applicable	8 Not Applicable	9 Not Applicable
NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG	1 Deployed 2 Not Deployed 3 Not Applicable 4 Unknown
ADDRESS	Street & Number	City & State	ZIP							
Address Same as Operator	EJECTED	1 Not Applicable	2 Not Applicable	3 Not Applicable	4 Not Applicable	5 Not Applicable	6 Not Applicable	7 Not Applicable	8 Not Applicable	9 Not Applicable
NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG	1 Deployed 2 Not Deployed 3 Not Applicable 4 Unknown
ADDRESS	Street & Number	City & State	ZIP							
Address Same as Operator	EJECTED	1 Not Applicable	2 Not Applicable	3 Not Applicable	4 Not Applicable	5 Not Applicable	6 Not Applicable	7 Not Applicable	8 Not Applicable	9 Not Applicable

Fixed Object Struck					
1st #	2nd #	3rd #	4th #	5th #	6th #
12					
Govt. Damage Tag #					
Fixed Object Struck					
1st #	2nd #	3rd #	4th #	5th #	6th #
Govt. Damage Tag #					
Fixed Object Struck					
1st #	2nd #	3rd #	4th #	5th #	6th #
Govt. Damage Tag #					
Fixed Object Struck					
1st #	2nd #	3rd #	4th #	5th #	6th #
Govt. Damage Tag #					

PROPERTY Last	First	M.I.
RURAL ELECTRIC COOPERATIVE		
ADDRESS	Street & Number	
124 N. MAIN ST		
City & State	ZIP	Phone Number ( )
GREENWOOD W. 54437		267-2193
PROPERTY Last	First	M.I.
OWNER		
ADDRESS	Street & Number	
City & State	ZIP	Phone Number ( )
PROPERTY Last	First	M.I.
OWNER		
ADDRESS	Street & Number	
City & State	ZIP	Phone Number ( )
PROPERTY Last	First	M.I.
OWNER		
ADDRESS	Street & Number	
City & State	ZIP	Phone Number ( )

# TABLE OF CONTENTS

Page No.

Quick Reference	1
Introduction	2
Amended Reports, Quality Control	3
Completed MV4000 Wisconsin Motor Vehicle Accident Report	4-7
Completed MV4004 Wisconsin Motor Vehicle Accident Report Supplement	8, 9

## MV4000 - Page 1

### Field No.

	Amended Document	15
	On Emergency	15
0	Document Number Override	15
1 - 3	Reportable Accident, County, MUN/TWP	15
4 - 8	Date, Time, Units, Injured & Killed	17-19
9 - 10	Pointer Questions, Sheet No.	21-23
11	Accident Location	25
12 - 13	Latitude (GPS) and Longitude (GPS)	25-27
14	ON Hwy No. / Street Name	27-29
15	Estimated Distance and Direction From	31
16 - 17	FROM/AT Hwy, Location Number	33
18 - 19	Agency Space, Special Study	33
20 - 21	Unit Number, Unit Type.	35-37
22	Total Number of Occupants	39
23 - 24	Direction of Travel, Speed Limit	39
25	Operator Name	39-41
26 - 27	Street Address, City, State and Zip	41
28 - 29	Phone Number, Driver License Number	41-43
30 - 33	State, Exp. Year, Date of Birth, Sex	43
34	On Duty Accident	43
35 - 37	CMV, Operating As Classified, Class, Endorse	45-49
38 - 40	Operator Severity, Seat Position, Safety Equipment	50-55
41 - 42	Operator Airbag, Ejected	55
43 - 44	Operator Trapped/Extricated, Medical Transport	55
45 - 46	Vehicle Owner	55-57
47 - 49	Address, City, State & Zip, Phone Number	57
50 - 54	Vehicle Year, Make, Model, Body Style, Color	57
55 - 56	VIN Number, License Plate	57
57 - 59	Plate Type, State, Exp. Year	57-59
60 - 61	Policy Holder's Name	59
62 - 64	Citation, Insurance Company, Stat #	59
65 - 66	Occupant Unit Number, Occupant Name	61
67 - 69	Occupant Date of Birth, Address, Sex	61
70 - 71	Occupant Severity, Seat Position	63-65
72 - 73	Occupant Safety Equipment, Airbag	65-67
74	Address Same as Operator	67
75 - 77	Occupant Ejected, Trapped/Extricated, Medical Transport	67
78 - 79	Agency Space, EMS Number	67



# TABLE OF CONTENTS

## MV4000 - Page 2

<u>Field No.</u>		<u>Page No.</u>
80 - 81	First Harmful Event, Most Harmful Event .....	69
82 - 83	Fixed Object Struck, Govt. Damage Tag # .....	69-71
84	Property Owner .....	71
85 - 87	Address, City, State, Zip & Phone .....	71
88 - 91	Driver Factors, Presence, Alcohol, Drugs .....	71-73
92	Pedestrian .....	73
93	Manner of Collision .....	73
94 - 95	Vehicle Damage, Extent of Damage .....	75
96 - 97	Vehicle Towed Due to Damage, Vehicle Removed By .....	77

## MV4000 - Page 3

98 - 99	Direction, Pictorial Representation .....	77
100	Skidmarks .....	79
101-102	Supplemental Reports, Witness Statements .....	79
103	Measurements .....	79
104-105	Narrative, Photos By .....	79
106	Trailer or Towed .....	81
107-111	Witness Name, Address .....	81-83
112-113	Access Control, Road Terrain .....	83
114-115	Light Condition, Traffic Way .....	83
116-117	Road Surface Condition, Relation to Roadway .....	83
118-119	Weather, Drivers Doing .....	83
120	Traffic Control .....	83

## MV4000 - Page 4

121	Document Number Override .....	85
122-124	Possible Contributing Circumstances .....	85-87
125-131	Law Enforcement Agency Information .....	87
132-135	Accident Notification Information .....	87-89

## **\*\* TRUCK & BUS ACCIDENT INFORMATION \*\***

136-147	Truck & Bus Accident Information .....	91-93
---------	--	-------

## TABLE OF CONTENTS

### OTHER

Definitions .....	94-96
License Plate Type Instructions .....	97
State/International Abbreviations .....	98
Appendix 1 - Motor Vehicle Fatality Reporting Procedure .....	99
Appendix 2 - Motor Vehicle Fatal Supplement Report .....	100
Appendix 3 - Page #1 Information for Unit Type 5 Accidents .....	101
Appendix 4 - Emergency Vehicle Involvement Form .....	102
Appendix 5 - Abbreviated Car/Deer Accident Report .....	103-106
Appendix 6 - Page #1 Information for Hit and Run vs. Legally Parked Accident .....	107
Appendix 7 - Page #1 Information for Pedestrian Accident .....	108
Appendix 8 - Standard Abbreviations for Streets, Avenues, etc .....	109
Appendix 9 - DOT Transportation Districts .....	110

☐ Amended Document    ☐ On Emergency

## Wisconsin Motor Vehicle Accident Report

Document Number Override

0

Reportable  
Accident

1



(N)

County

MUN/TWP

1	7
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

5	8
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9



## AMENDED DOCUMENT

Mark the "Amended Document" bubble **ONLY** if the document is an amended report. **Do NOT mark this bubble for** subsequent pages in a multi-unit report.

## ON EMERGENCY

Mark the "On Emergency" bubble when one of the units is operating as an emergency vehicle (lights and siren are activated). **Field 34 (On Duty) must be marked P - Police, E - EMT/First Responder, or F - Firefighter when this field is marked.**

0 - DOCUMENT NUMBER  
OVERRIDE

If the accident involves 3 or more units, enter the original MV4000 document number in this field and again in field 121, "DOCUMENT NUMBER OVERRIDE," on page 4 of the MV4000. Also, enter and mark the county, mun/twp and the accident date (i.e. fields 2,3 and 4) on each additional copy. **Do NOT delete or alter the pre-printed document number or fill in the amended bubble.**

***If you are completing a supplemental form (MV4004, Wisconsin Motor Vehicle Accident Report Supplement) found near the back of the accident report pad, enter the original MV4000 document number in this field.***

If you are submitting an amended accident report, follow the amendment procedure outlined on page 3 of this manual.

1 - REPORTABLE  
ACCIDENT

Mark the "Y" bubble if the accident is reportable, "N" if it is not. (s. 346.70(1), Stats., and TRANS 100, Wis. Admin. Code).

## 2 - COUNTY

Enter the two digit county code where the accident occurred in the boxes at the top of this field. Then, mark the appropriate bubbles.

Refer to DOT codes for correct county codes.

## 3 - MUN/TWP

Enter the two digit municipality or township code where the accident occurred in the boxes at the top of this field. Then, mark the appropriate bubbles.

Refer to DOT codes for correct MUN/TWP codes.

Accident Date		
MONTH	DAY	YEAR
Jan		
Feb	10	98
Mar	0	0 0
Apr	1	1
May	2	2
June	3	3
July	4	4
Aug	5	5
Sept	6	6
Oct	7	7
Nov	8	
Dec	9	9

### Time of Accident (Military Time)

HOUR	MIN.
22	18
0 0	0 0
1 1	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9 9	9 9

### Total Number

UNITS	INJURED	KILLED
02	03	00
0 0	0 0	0 0
1 1	1 1	1 1
2 2	2 2	2 2
3 3	3 3	3 3
4 4	4 4	4 4
5 5	5 5	5 5
6 6	6 6	6 6
7 7	7 7	7 7
8 8	8 8	8 8
9 9	9 9	9 9

## FIELD

## INSTRUCTIONS

### 4 - ACCIDENT DATE

Mark the bubble which represents the MONTH in which the accident occurred.

### MONTH - DAY - YEAR

Enter the two digit date on which the accident occurred in the boxes at the top of this field. Then, mark the appropriate bubbles.

Enter the two digit year in which the accident occurred in the YEAR box. Then, mark the appropriate bubbles.

If the accident date is unknown, enter the date you were "notified" of the accident in this field. A valid date is necessary to update the automated data base and the records of each involved driver.

### 5 - TIME OF ACCIDENT (Military Time)

Enter the four digit military time at which the accident occurred in the boxes at the top of this field. Then, mark the appropriate bubbles.

Midnight is 2400. One minute after midnight is entered 0001. This is the start of the day. 9:17AM is 0917, 12:00 noon is 1200. Beginning with 1PM, add 12 to the hour to get the correct military time. Example: 1:00PM equals 1300 ( $1:00 + 12:00 = 13:00$ ), 2:21PM equals 1421 ( $2:21 + 12:00 = 1421$ ), and 10:05PM equals 2205 ( $10:05 + 12:00 = 2205$ ). All military time must include four digits. When time is "unknown," enter and mark 0000.

### 6 - UNITS

Enter the two digit total number of units involved in the accident in the boxes at the top of this field. Then, mark the appropriate bubbles. **A UNIT is any vehicle, pedestrian, bicycle or equipment.** Non-contact vehicles may also be units. See pages 35-37.



# Total Number

UNITS		INJURED		KILLED	
0	2	0	3	0	0
0	0	0	0	0	0
1	1	1	1	1	1
2	0	2	2	2	2
3	3	3	0	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

## FIELD

## INSTRUCTIONS

### 7 - INJURED

Enter the two digit total number of persons injured in the accident in the boxes at the top of this field. Then, mark the appropriate bubbles. If none, enter zeros in the boxes and mark the appropriate bubbles.

The descriptive information on each injured operator must be listed in fields 38-44. The descriptive information for each injured occupant (i.e. passenger) must be listed in fields 65-77.

The total number of persons listed as injured in this field must equal the total number of injury severities listed in 38 and 70 respectively.

If more than 5 operators and occupants are injured, list the additional injured persons on a supplemental form found in the back of the accident report pad, and enclose it with the original MV4000.

**Injury should be classified on the basis of the officer's observations at the accident scene.**

### 8 - KILLED

Enter the two digit total number of persons killed in the accident in the boxes at the top of this field. then, mark the appropriate bubbles. If none, enter zeros in the boxes and mark the zero bubbles.

**Definition: A fatality is any injury received in a traffic accident which results in death within 30 days of the accident.**

The descriptive information on each operator killed must be listed in fields 38-44. List descriptive information on each occupant (i.e. passenger) in fields 65-77.

The total number of persons listed as killed in this field must equal the total number of killed severities listed in 38 and 70 respectively.

An administrative TTY message sent to "MVFR" and the MV3480 Fatal Accident Supplement Form must be completed for each fatal accident. See Appendices 1 & 2.

Hit & Run	<input checked="" type="radio"/> N	Unit # 2
Government Property	<input checked="" type="radio"/> Y	
Fire (Narrative)	<input checked="" type="radio"/> Y	
Photos Taken (Narrative)	<input checked="" type="radio"/> N	
Trailer or Towed (Narrative)	<input checked="" type="radio"/> Y	
Truck or Bus (Last Page)	<input checked="" type="radio"/> Y	
Load Spillage	<input checked="" type="radio"/> Y	
Construction Zone	<input checked="" type="radio"/> Y	
Names Exchanged	<input checked="" type="radio"/> N	



## FIELD

## INSTRUCTIONS

### 9-POINTER QUESTIONS

Mark "Y" for YES and "N" for NO. A mark MUST be made in the appropriate bubble for each of the 9 items in this field.

Record additional comments in the narrative or on page 4 of the MV4000, as appropriate.

#### Hit & Run

Mark the "Y" bubble when the accident involves a hit and run vehicle. *Enter the unit # of the hit and run vehicle* when the accident involves a hit and run vehicle. If not, mark the "N" bubble. When the driver of a hit and run vehicle has not been identified, enter "H & R" in field 25. *Enter any known information in the appropriate fields.*

#### Government Property

Mark the "Y" bubble if the accident involved government property. If not, mark the "N" bubble. Do not list collisions with "deer" as accidents involving government-owned property.

#### Fire

Mark the "Y" bubble if the accident involved fire in a motor vehicle in transport. If not, mark the "N" bubble.

**Definition: FIRE is the combustion, explosion or burning of an object.** Describe the sequence of accident events, the fire's origin, and what burned in the narrative. Fire does not include those originating in a legally parked vehicle.

#### Photos Taken

Mark the "Y" bubble if any mechanical method to capture the accident scene was used (e.g. photos, video tape, etc.). Enter the name of the person who took the photos or video tape in field 105. If no photos, videos, etc., were taken, mark the "N" bubble.

#### Trailer or Towed

Mark the "Y" bubble if one of the vehicles involved was pulling a trailer or towing another vehicle prior to the accident. If not, mark the "N" bubble. This does not include vehicles towed from the accident scene as a result of the accident.

Record the trailer or towed vehicle information in field 106 (bottom 2 lines of the narrative).

Hit & Run	<input checked="" type="radio"/> N	Unit # 2
Government Property	<input checked="" type="radio"/> Y	
Fire (Narrative)	<input checked="" type="radio"/> Y	
Photos Taken (Narrative)	<input checked="" type="radio"/> N	
Trailer or Towed (Narrative)	<input checked="" type="radio"/> Y	
Truck or Bus (Last Page)	<input checked="" type="radio"/> Y	
Load Spillage	<input checked="" type="radio"/> Y	
Construction Zone	<input checked="" type="radio"/> Y	
Names Exchanged	<input checked="" type="radio"/> N	

Sheet No.	
Of	
1	1
10	

FIELDINSTRUCTIONS

## Truck or Bus

Mark the "Y" bubble if the accident involved a vehicle registered as a truck (this includes pickup trucks) or bus. Then, turn to page 4 of the MV4000 and complete Part A, field 136. Complete Part B, as appropriate. If the criteria indicate the truck or bus in your accident is reportable, complete the remainder of Truck & Bus Accident Information.

If a school bus was involved in the accident, be sure to record the following additional information in the narrative: The name of the SCHOOL, whether the bus was travelling TO or FROM it, the name of the SCHOOL DISTRICT the bus is contracted with, the BODY MAKE and SEATING CAPACITY of the bus.

Mark the "N" bubble if the accident did not involve a truck or bus.

## Load Spillage

Mark the "Y" bubble if a load spilled from a cargo carrying vehicle. Mark the "N" bubble if no load spilled. **Identify hazardous material spilled in the narrative.**

## Construction Zone

Mark the "Y" bubble if the accident occurred in or was related to a construction zone. If not, mark the "N." Construction zone-related is an accident resulting from an activity, behavior, or traffic control related to the construction zone but not necessarily within it.

## Names Exchanged

AT THE ACCIDENT SCENE, instruct each driver, pedestrian and bicyclist to exchange their names, addresses, drivers license numbers, dates of birth, vehicle registration information and phone numbers. Mark the "Y" bubble when you have given instructions to each party involved. Mark the "N" bubble if you did not provide this instruction.

## 10 - SHEET NO. OF

If the accident involves 1 - 2 units, enter "1 of 1" in this field. When additional report **or supplemental** forms are needed, number the sheet pages as follows: "1 of 2, 2 of 2, etc." The DOCUMENT NUMBER on the front of the first page of the report **MUST** be copied to the additional pages in field 0, "Document Number Override," and again in field 121, "Document Number Override," on page 4 of the MV4000 accident report. Also, enter the County, MUN/TWP and Accident Date (i.e. fields 2, 3 and 4) on each additional form. Do NOT delete **or alter** the pre-printed document number or fill in the amended bubble.



ACCIDENT LOCATION	
●	Public Highway, Intersection/Related
○	Public Highway, Non-Intersection
○	Parking Lot
○	Private Property or Road

US 51

CTH K

ON Way No. and/Street Name	Estimated	FROM/ST	Way No. and/Street Name
US 51	12	CTH K	CTH K

US 51

CTH K

Private Driveway

ON Way No. and/Street Name	Estimated	FROM/ST	Way No. and/Street Name
CTH K	37.0	US 51	US 51

LATITUDE (GPS)		
Degrees:	Minutes:	Seconds:
12		

## 11 - ACCIDENT LOCATION

Mark the bubble that most accurately locates the "First Harmful Event" associated with the accident.

Definition: First Harmful Event is the first occurrence of injury or damage.

Public Highway, Intersection/Related. Intersection accidents, including accidents that are intersection-related.

Definition: "Intersection" is the area within the prolongation of the lateral curb lines. If no curb exists, extend the lateral boundary lines of the roadway of two joined traffic ways. That is, use the boundary lines of the travelled portion of the road. This does not include the shoulder area, driveways or alley accesses.

Definition: "Intersection Related" accidents are accidents which result from an activity, behavior, or traffic control which affects a unit's movement in relation to an intersection; whether or not the point of origin or first harmful event occurred within the intersection (refer to opposite page).

Definition: Point of Origin is the location point where an accident begins. It is not necessarily the point of impact or final stopping place.

Public Highway, Non-Intersection. Accidents occurring on a highway. This includes accidents where the first harmful event is off the highway if the point of origin is on the highway. It includes accidents in areas defined in s. 340.01(22), Stats., and all driveway and alley accesses to highways.

Parking Lot. Accidents occurring in public and private parking lots.

Private Property or Road. Accidents occurring on private property or private road. This does not include accidents where the point of origin is ON a public roadway.

## 12 - LATITUDE (GPS)

Do not complete this field. It is intended for pilot testing a Global Positioning System for accident location.

LONGITUDE (GPS)	Degrees: 13	Minutes:	Seconds:
-----------------	-------------	----------	----------

◆ ON	Hwy No. and / Street Name
14	STH 17 / PELHAM ST

FIELD

INSTRUCTIONS

13 - LONGITUDE (GPS)

Do not complete this field. It is intended for pilot testing a Global Positioning System for accident location.

14 - ON HWY NO. /  
STREET NAME

Enter the highway number and street name on which the accident occurred. **If both exist, both must be listed** (e.g. STH 17/PELHAM ST).

STANDARD ABBREVIATIONS FOR street, avenue, etc.  
ARE FOUND ON PAGE 109.

Order of Hierarchy

Use the following hierarchy of highway classification for recording accident location:

Interstate System  
U.S. Numbered  
State Trunk Highway  
U.S. Business Route  
State Trunk Business Route  
County Trunk Highway  
Town Road or City Street  
Other (Alley, Fire Lane, etc.)

Examples Of Proper Highway Hierarchy

If the accident occurs on two or more highways of the same classification, enter the highway with the lowest number (e.g. US 10 and US 12, list US 10). Enter county trunk highways alphabetically. Never use a detour route number.

If the accident occurs on two or more highways of differing classifications, enter the highway with the highest classification (e.g. US 10 and STH 27, list US 10).

If the accident occurs in the intersection of a State or Federal Highway and a County or Local street, list the State or Federal Highway in field 14 as the "ON" highway.



ACCIDENT LOCATION

☐ Public Highway, Intersection/Related  
☐ Public Highway, Non-Intersection  
☒ Parking Lot  
☐ Private Property or Road

11

◆ ON Hwy No. and / Street Name

14 EAST TOWNE MALL

◆ FROM/AT Hwy No. and / Street Name

16 100 E WASHINGTON AVE

ACCIDENT LOCATION

☐ Public Highway, Intersection/Related  
☐ Public Highway, Non-Intersection  
☐ Parking Lot  
☒ Private Property or Road

11

◆ ON Hwy No. and / Street Name

14 PRIVATE PROPERTY

◆ FROM/AT Hwy No. and / Street Name

16 123 KING ST

◆ ON Hwy No. and / Street Name

14 MENOMONIE HS DRIVEWAY

Estimated 200.0

● FT. (R)  
○ MI. (R)  
● (S)

◆ FROM/AT Hwy No. and / Street Name

16 FIFTH ST

◆ ON Hwy No. and / Street Name

RAMP EB STH 74 To SB US 41

◆ ON Hwy No. and / Street Name

RAMP EB I 94 To SB CTN K

◆ ON Hwy No. and / Street Name

FAT RD - US 51

◆ ON Hwy No. and / Street Name

BR - US 51

## Parking Lot:

Parking Lot: If the accident happened in a parking lot, enter the name of the lot in field 14 (e.g. **EAST TOWNE MALL**) and the address in field 16 (e.g. **100 E WASHINGTON AVE**).

Accidents occurring in rest area or weigh station parking lots should be identified to the parking lot. Accidents occurring on the on and off ramps leading into these areas on the Interstate Highway System should be identified as "ramp" accidents, and the distance and direction from the nearest mile post or intersecting road must be listed.

## Private Property:

If the accident happened on private property, enter "PRIVATE PROPERTY" in Field 14 and the address in field 16 (e.g. **123 KING ST**).

## Public Schools &amp; County Institutions:

Accidents occurring on public roads or driveways leading into public schools or county institutions are not private property accidents. They must be listed in fields 14 - 16 as ON Highway or as ON Street accidents (s. 340.01(22), Stats.) (e.g. **MENOMONIE H S DRIVEWAY 200 FT W OF FIFTH ST**).

## On and Off Ramps:

When accidents occur on ramps or connector roadways at interchanges, enter the word RAMP. Then, enter the cardinal direction of travel and highway number the ramp leads from, and the cardinal direction of travel and highway number the ramp leads to.

Acceleration lanes and deceleration lanes are considered part of the ramp (e.g. **RAMP EB STH 74 to SB US 41**).

**Definition: Cardinal Direction is the principal direction the traffic way was designed to travel. This may or may not be the same as the actual compass direction.**

## Frontage Roads:

If the accident occurs on a frontage road, enter FRT RD and list the highway number and/or street name.

## Business Routes:

If the accident occurs on a business route, enter BR and list the highway number and street name.

Estimated <u>10.0</u>	● FT.	(N)
	○ MI.	(W) ●
		(S)

ON Way No. and/Street Name US 51	Estimated	FROM/AT	Way No. and/Street Name CTH K
-------------------------------------	-----------	---------	----------------------------------

ON Way No. and/Street Name CTH K	Estimated <u>37.0</u>	FROM/AT	Way No. and/Street Name US 51
-------------------------------------	--------------------------	---------	----------------------------------

ON Way No. and/Street Name CTH K	Estimated <u>59.0</u>	FROM/AT	Way No. and/Street Name US 51
-------------------------------------	--------------------------	---------	----------------------------------

## FIELD

## INSTRUCTIONS

### 15 - ESTIMATED DISTANCE

Indicate the DISTANCE in feet or miles (as a decimal) from the nearest intersecting highway or street. Optional: If the accident occurs on an Interstate Highway, you may enter the distance from the nearest mile post.

AND

### DIRECTION FROM

Mark the N, E, S, or W bubble to indicate the **DIRECTION** from the nearest intersecting highway or street. **DISTANCE** and **DIRECTION FROM** must be entered to identify all non-intersection accidents. This information may also be appropriate for intersection-related locations.

### INTERSECTION ACCIDENT

Intersection Accident: An accident which occurs in an intersection. Use the "hierarchy of highways" classification to complete field 14 (ON Hwy/Street). Use the "hierarchy of highways" classification to complete field 16 (AT Hwy/Street).

### INTERSECTION-RELATED ACCIDENT

Intersection/Related Accident: An accident resulting from an activity, behavior or traffic control which affects a unit's movement in relation to an intersection, whether or not the point of origin or first harmful event occurred within the intersection.

In (ON Hwy/Street) field 14 enter the "actual" highway or street name using the "hierarchy of highways" classification. Enter the "distance" and "direction" in field 15. Then, use the "hierarchy of highways" classification to complete field 16 (AT Hwy/Street).

Optional: If the accident occurs on an Interstate Highway, you may enter the distance from the nearest mile post.

Examples of how to measure and record the distance and direction from the nearest intersection are presented in the diagrams on the opposite page.

The last diagram is included as an example of a "public highway/non-intersection" accident.



16	FROM/AT	Hwy No. and / Street Name
	STH 51 / DIVISION ST	

<input checked="" type="radio"/> House # <input type="radio"/> Utility #	<input type="radio"/> Fire # <input type="radio"/> Railroad #	<input type="radio"/> Other	17	8430
---	--	-----------------------------	----	------

Agency Space 18
--------------------

Special Study 19 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
--

**16 - FROM/AT HWY NO.  
AND STREET NAME**

Enter the intersecting highway number or street name. If the intersecting numbered highway also has a street name, list both (see example on opposite page). Optional: If the accident occurs on an Interstate Highway, you may list the mile post (e.g. MP 123).

**Follow the "hierarchy of highways" when completing this field.**

An overpass or underpass may be entered as the AT HIGHWAY or STREET if the location is NON-intersection only. DISTANCE and DIRECTION FROM must be included if an underpass or overpass street or highway is entered.

**17 - LOCATION NUMBER**

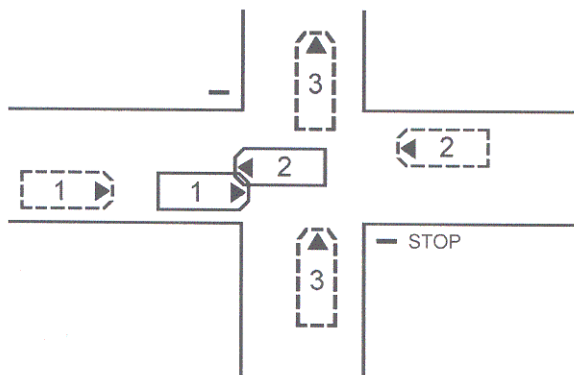
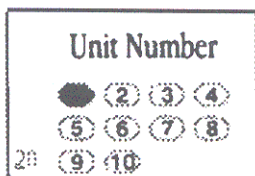
If required by your agency, mark the appropriate bubble and enter the number in the space provided. If BLOCK NUMBER is needed by your agency, mark the "Other" bubble.

**18 - AGENCY SPACE**

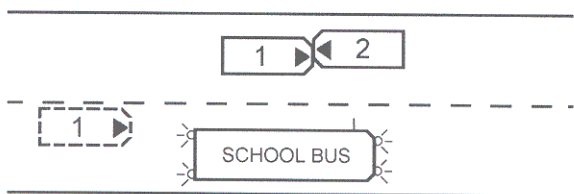
This space is for local agency use. It may be used for whatever purpose your agency deems appropriate. DOT will not capture information from this field.

**19 - SPECIAL STUDY**

This space may be used by your agency when you wish to conduct a "special study." Contact the Traffic Accident Section at (608) 266-1077 prior to conducting your study. Otherwise, leave this field blank.



UNIT #3 FAILED TO STOP FOR STOP SIGN  
ILLEGALLY OPERATING NON-CONTACT VEHICLE



SCHOOL BUS IS LEGALLY  
OPERATING NON-CONTACT VEHICLE

## 20 - UNIT NUMBER

If the report is for a single vehicle accident, mark bubble #1 and complete all necessary fields on the left side of page 1, etc. When 2 units are involved, mark bubble #2 on the right side of the form. *It is important to keep the units in chronological order.*

When 3 or more units are involved, a second report form is necessary. Mark the #3 and #4 unit numbers in all required boxes on second form. On all additional forms, record the "ORIGINAL" document number of the first report in field 0, "Document Number Override," and again in the "Document Number Override" box on page 4 of the MV4000. Also, enter and mark the County, MUN/TWP and accident date (i.e. fields 2, 3 and 4) on all additional forms. Do NOT delete *or alter* the pre-printed document number or fill in the amended bubble.

If more than 10 units are involved, mark the #10 bubble plus the additional unit number (e.g. Unit 12 - mark the #10 and #2 bubbles).

When the accident involves more than 19 units, call the Traffic Accident Section at (608) 266-8753.

## Pedestrians

A pedestrian is never unit 1. Pedestrian information is always on the right side of page 1 of the MV4000 form but may be listed on *either side* of following pages. If the accident involves multiple pedestrians, each must be considered a separate unit.

## Noncontact Unit

A unit may be involved in an accident without making contact with another unit or other object. Any unit's action, signal, failure to act or signal as required by law which contributed to the accident *or breakage of any part of a vehicle in transport that results in injury or further breakage* constitutes involvement and must be included on the report. Include this noncontact unit in the total in field 6, and complete all pertinent information for this unit the same as a contact unit.



## Unit Type



21

## FIELD

Noncontact Unit, Cont.

## INSTRUCTIONS

If the noncontact vehicle was operating within the law, record information about it only in the diagram and narrative. Do not include this noncontact unit as a unit in field 6. Label the vehicle as "Noncontact" in the diagram, and record its driver's name and date of birth in the narrative. These noncontact vehicle operators will not have reportable accidents placed on their driving records.

## 21 - UNIT TYPE

Mark the bubble bearing the number that corresponds closest with the type of unit being identified. When the unit is a vehicle, identify it by its license plate type.

Use the following list:

1 = Auto: Includes passenger car, sport utility vehicle or van with auto registration, police car, ambulance, etc.

2 = Truck: Includes sport utility vehicle or van with truck registration, pickup and other utility truck, straight truck, fire truck, truck/tractor (not attached), semi tractor/trailer or double bottom, motor home, etc.

3 = Motorcycle: Includes motorcycle, moped, motor scooter, etc.

4 = Bus: Includes school bus, passenger bus, etc.

5 = Equipment: Includes farm tractor, self-propelled farm equipment, other working machines (e.g. forklift, grader, end loader), railroad train, snow plow, snowmobile, ATV's, horse drawn vehicle, miscellaneous.

6 = Bicycle

7 = Pedestrian

If Unit Type is 2 or 4, complete the "Truck & Bus Accident Information" on page 4 of the accident report, when appropriate.

See Appendix 3 for instructions when completing car/train, ATV, snowmobile, and other special unit type 5 or bicycle, unit type 6, accidents.

Total Number of Occupants

☐ 0
 ☐ 1
 ☒ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6

☐ Other

22

Direction of Travel  
(Before the Accident)

☒

☐ W
 ☐ E

☐ S

23

Speed Limit

☐ 0
 ☐ 0

☐ 1
 ☒ 2

☐ 3
 ☒ 4

☐ 5
 ☐ 24

☐ 6

☒ NA

OPERATOR	Last	First	M.I.
NAME	OLSON	DANIEL	M

## FIELD

## INSTRUCTIONS

### 22 - TOTAL NUMBER OF OCCUPANTS

Mark the bubble which represents the total number of occupants (including the driver) for the unit. This number must be the same as the number of occupants listed in fields 38-44, and 65-77.

**EXCEPTION:** Bus, train and car/deer accidents, when passenger information is not captured, may not be equal to field 22 (see instructions on page 61).

Mark the "0" bubble if there are no occupants (e.g. parked vehicle, etc.).

If there are more than 6 occupants in the identified unit, mark the "Other" bubble and enter the number of occupants in the box in this field. Additional occupants may be recorded using a supplemental form found in the back of the accident report pad.

### 23 - DIRECTION OF TRAVEL

Mark the bubble representing the actual or compass direction the unit was travelling BEFORE the accident. Mark only 1 bubble, and do not combine directions.

**Leave blank for legally parked units.**

### 24 - SPEED LIMIT

Enter the speed limit for the roadway at the time of the accident. If the roadway is not posted, enter its maximum statutory speed limit. Mark the "N/A" bubble if a speed limit does not apply (e.g. unposted parking lot, pedestrian, etc.).

### 25 - OPERATOR NAME (Includes Pedestrians)

Enter the name of the operator as it appears on the operator's driver license. Enter last name, first and middle initial in that order. If the operator is unlicensed, the legal last name, first name and middle initial should be recorded. When the operator's true name is different from what appears on the license, the reason should be listed in the narrative.

A pedestrian should never be listed as operator #1.

In the case of out-of-state operators involved in accidents in Wisconsin, officers may record the full middle name.

OPERATOR Last NAME 25	First LEGALLY PARKED	M.I.
--------------------------	-------------------------	------

OPERATOR Last NAME 25	First H+R	M.I.
--------------------------	--------------	------

OPERATOR Last NAME 25	First UNKNOWN	M.I.
--------------------------	------------------	------

Street Address 47 RT 9 Box 9019		
City & State MENOMONIE WI	ZIP 54751	Phone Number (715) 235-0122



In the case of a LEGALLY PARKED unit, enter the words "LEGALLY PARKED" in the OPERATOR NAME field. Do not complete fields 26-45 for this unit. List any occupants in fields 65-77. See page 81 for Parked Trailers.

If the accident involves a hit and run vehicle list the operator name and mark the Hit & Run "Y" bubble in field 9. If the H & R driver is unknown, enter the letters "H & R" in field 25. ***Enter the unit number of the Hit & Run vehicle in the Unit # box in field 9.***

If the unit was ILLEGALLY PARKED, it is treated as a motor vehicle in transport. Enter complete information in fields 25-64 for the unit. If unavailable, enter "UNKNOWN."

Driverless motor vehicles and motor vehicles with a door open into a traffic way are also considered motor vehicles in transport. The person who parked the vehicle is the operator; complete fields 25-64.

Do not list a child under age 7 as operator. List the person who parked the vehicle as operator with a seating position of 15 and safety equipment of 8. The child should be listed as an occupant in fields 65-77.

#### 26 - STREET ADDRESS

Enter the current address of the operator. Ask the operator for his/her current address. The driver license is not a reliable source for this information as it may have changed since the license was issued.

#### 27 - CITY, STATE, ZIP

Enter the operator's current city, state and zip code address.

#### 28 - PHONE NUMBER

Enter the operator's entire phone number beginning with the area code. ***If the operator does not have a phone or has an unpublished/unlisted number which is not public record, print "NONE" in this field:***

(Area Code) Exchange - Number

(715) 123 - 4567

Driver's License Number	State	Exp. Year
WI 250-0515-5318-06	WI	98

Date of Birth
32 10-07-70

Sex	<input checked="" type="radio"/>
33	(F)

On Duty	(P) Police
Accident	(E) EMT/First Responder
	(F) Fire Fighter
34	(H) Winter Hwy Maintenance

29 - DRIVER LICENSE  
NUMBER

Enter the operator's driver license number or ID card number as it appears on the license. Include the hyphens that appear between the numbers as shown below. If the operator has not been issued a driver license or I.D. card, enter "NONE" in this field.

H300-1987-0162-04

When the driver license number is available for a pedestrian, bicyclist, or equipment operator, enter it in field 29. These pedestrians/operators will not have the accident placed on their driver records.

## 30 - STATE

Enter the standard 2 letter abbreviation for the state that issued the operator's driver license (e.g. WI = Wisconsin, IL = Illinois). A complete list can be found on page 98.

## 31 - EXP. YEAR

Enter the two digits of the year the operator's driver license expires.

## 32 - DATE OF BIRTH

Enter the operator's six digit date of birth using two digits per month, day and year in the following sequence:

Month - Day - Year  
08 - 13 - 57

## 33 - SEX

Indicate the sex of the operator by marking the "M" bubble for male or the "F" bubble for female.

## 34 - ON DUTY ACCIDENT

If one of the following persons was involved in the accident while "on duty," mark the appropriate bubble in this field:

P = Police  
E = EMT/*First Responder*  
F = Fire Fighter  
H = Winter Hwy Maintenance

The "H" bubble is limited to those persons engaged, by an authority in charge of the maintenance of the highway, in highway winter maintenance snow and ice removal activities during a storm or in cleanup following a storm.



On-duty accidents include volunteer fire fighters involved in accidents enroute to the fire station or fire scene in response to a fire call. On-duty status applies regardless of whether or not they are paid.

If "on duty" and "on emergency," also mark the "On Emergency" bubble in the upper left-hand corner of the MV4000. Also see Appendix 4, **Page 102**.

It is acceptable to list the enforcement agency address for a "Police On Duty" accident in lieu of the officer's home address.

### 35 - CMV

If Class A, B, or C is marked in field 36, mark the "N" bubble in this field. If Class D, M or O is marked in field 36, mark the "N" bubble in this field.

If a school bus is NOT designed to transport 16 or more passengers including the driver, mark "D" in field 36, "S" in field 37, and "N" in this field.

If a vehicle has a municipal plate and its GCWR or GVWR is over 26,000 pounds, mark the "Y" bubble in this field.

**Definitions: GCWR = Gross Combined Weight Rating.  
GVWR = Gross Vehicle Weight Rating.**

If the vehicle is placarded for hauling hazardous materials, mark the "Y" bubble in this field.

There **MUST** always be an entry in this field. Driver's convicted of violating Wisconsin's CMV laws face increased licensing sanctions.

Operating as Classified:	Class (Mark Only One)	
	<input type="radio"/> A	<input checked="" type="radio"/> B
	<input type="radio"/> C	<input type="radio"/> D
	<input type="radio"/> E	<input type="radio"/> F

**Class A :** Any combination of vehicles with a GVWR over 26,000 lbs. provided the GVWR of the towed vehicle(s) is more than 10,000 lbs.



**Class B:** Any single vehicle with a GVWR over 26,000 lbs. or such vehicle towing a vehicle 10,000 lbs. or less.



**Class C:** Any single vehicle 26,000 lbs. or less GVWR (or such vehicle towing a vehicle less than 10,000 lbs.) transporting hazardous materials requiring placarding, or designed to carry 16 or more persons including the driver.



**Class D:** Non-Commercial vehicles 26,000 pounds or less.



**Class M:** Motorcycles





## OPERATING AS CLASSIFIED:

Complete Fields 36-37 based on the type of operation the person was engaged in at the time of the accident. If an out-of-state license classification is different from Wisconsin's, enter the Wisconsin class which is equal to the out-of-state class.

## 36 - CLASS

Mark the "bubble" representing the appropriate class of vehicle operation the person was engaged in at the time of the accident. Mark only one bubble.

**COMMERCIAL VEHICLE CLASSES**

A - Any combination of vehicles (GCWR) over 26,000 lbs. provided the GVWR of the towed units is over 10,000 lbs.

B - Any single vehicle GVWR over 26,000 lbs. or such vehicle towing a unit under 10,000 lbs. GVWR.

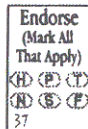
C - Any single vehicle less than 26,000 lbs. GVWR, or such vehicle towing a unit not in excess of 10,000 lbs. GVWR, transporting hazardous materials in amounts requiring placarding, requires "H", "H & N", or "X" endorsements. Vehicles designed to transport 16 or more persons, including the driver, require a "P" endorsement.

If an operator holds a commercial license A, B, or C and is operating an auto at the time of the accident, mark the "D" bubble in this field. If he/she is operating a motorcycle, mark the "M" bubble in this field.

**Mark the "O" bubble when no license is required** (e.g. bicyclist, pedestrian, snowmobile, train, farm implement, etc.).

**NON-COMMERCIAL VEHICLE CLASSES**

D - Any vehicle not in classes A, B, C, M or O  
M - Motorcycle



### CLASSIFIED LICENSE ENDORSEMENTS

- H - Hazardous Materials:** Any vehicle used to transport hazardous materials in placardable amounts.
- N - Tank Vehicle:** Any vehicle intended for hauling liquids in bulk.
- P - Passenger Vehicle:** Any vehicle designed or actually transporting 16 or more passengers including the driver.
- S - School Bus:** Any school bus.
- T - Double/Triple Trailers:** Combination vehicles with double or triple trailers
- F - Seasonal Farm Worker:** A seasonal farm worker.
- X - Tank/Hazardous Material:** Any tank vehicle used to transport placardable amounts of hazardous materials. (Note: Currently Wisconsin issues the H and N endorsements, not the X).

(Note: CMV = When GVWR, GVW or Registered Weight is over 26,000 pounds, or the vehicle is designed to carry 16+ passengers or is placarded for carrying hazardous materials).

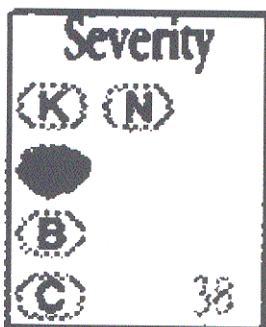
## 37 - ENDORSE

Mark **ONLY** the appropriate endorsement bubble(s) that represents the type of operation the operator was **engaged** in at the time of the accident. If an out-of-state endorsement is different from Wisconsin's, enter the Wisconsin endorsement that is equal to the out-of-state endorsement.

**ENDORSEMENTS**

- H - Hazardous Materials
- N - Tank Vehicles
- P - Passenger (16 or more people)
- S - School Bus
- T - Double/Triple Trailers
- F - Seasonal Farm Worker
- X - Tank Vehicle and Hazardous Material (out-of-state only)

If a CMV driver is operating under an "X" endorsement, mark the "H" and "N" bubbles.



## 38 - SEVERITY

For purposes of completing fields 38 - 44, "operator" means driver, pedestrian or bicyclist.

Injury should be classified on the basis of the officer's observations at the accident scene. Mark the bubble which indicates the most severe injury for the operator. Mark only 1 bubble per operator.

**K = FATAL INJURY** - Any injury received in a traffic accident which results in death within 30 days of the accident.

Mark the "K" bubble when injuries result in a fatality.

**A = INCAPACITATING INJURY** - Any injury other than a fatal injury which prevents the injured person from walking, driving, or from performing other activities which he/she performed before the accident.

Mark the "A" bubble when an operator's injuries are incapacitating.

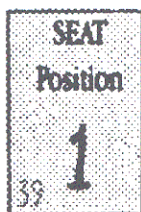
**B = NONINCAPACITATING INJURY** - Any injury, other than fatal or incapacitating, which is evident at the scene. Evidence of injury may include known symptoms of an injury which are not directly observable.

Mark the "B" bubble when an operator's injuries are nonincapacitating.

**C = POSSIBLE INJURY** - Any injury which is not observable or evident at the scene but is claimed by the individual or suspected by the law enforcement officer.

Mark the "C" bubble when an operator suffers possible injury.

**N = NO APPARENT INJURY** - Mark the "N" bubble when there is no apparent injury to the operator.





## 39 - SEAT POSITION

Enter the seating position of the operator. Use the following numbered codes:

**SEATING POSITIONS**

- 1 Front Seat-Left Side (Motorcycle/Bicycle Driver)
- 2 Front Seat-Middle
- 3 Front Seat-Right Side
- 4 Second Seat-Left Side (Motorcycle/Bicycle Passenger)
- 5 Second Seat-Middle
- 6 Second Seat-Right Side
- 7 Third Row-Left Side (Sidecar: Motorcycle Passenger)
- 8 Third Row-Middle
- 9 Third Row-Right Side
- 10 Sleeper Section of Cab (Truck)
- 11 Passenger in Other Enclosed Passenger or Cargo Area (Non-Trailing Unit including Buses)
- 12 Passenger in Unenclosed Passenger or Cargo Area (Non-Trailing Unit)
- 13 Trailing Unit
- 14 Riding on Vehicle Exterior (Non-Trailing Unit)
- 15 Pedestrian (Nonoccupant)
- 16 Unknown

A pedestrian is always seat position 15.

List an occupant sitting on a person's lap as the same seat position.

Operator seating position for DRIVERLESS MOTOR VEHICLES should be listed as seat position 15.

SAFETY Equipment	
40	1

AIRBAG	
41	<input type="radio"/> Deployed <input type="radio"/> Non Deployed <input checked="" type="radio"/> Not Applicable <input type="radio"/> Unknown

EJECTED	
42	<input type="radio"/> Not Applicable <input checked="" type="radio"/> Not Ejected <input type="radio"/> Totally Ejected <input type="radio"/> Partially Ejected <input type="radio"/> Unknown

TRAPPED/ EXTRICATED	43	<input type="radio"/> Not Applicable <input checked="" type="radio"/> Not Trapped <input type="radio"/> Trapped/Extricated <input type="radio"/> Trapped/Not Extricated <input type="radio"/> Unknown
------------------------	----	---

Medical Transport	44	<input checked="" type="radio"/> <input type="radio"/> (N)
----------------------	----	---

 Vehicle Owner Same <input checked="" type="radio"/>	45	Last Name 46	JOHNSON	First Name 47	WAYNE	Middle Initial 48	F	M.I. 49
--	----	-----------------	---------	------------------	-------	----------------------	---	------------

## 40 - SAFETY EQUIPMENT

Enter the safety equipment used by each operator. Use the below numbered codes. A pedestrian is always code 8.

Indicate safety equipment used by bicyclist.

## SAFETY EQUIPMENT

- 0 None Used-Vehicle Occupant
- 1 Shoulder Belt and Lap Belt Used
- 2 Lap Belt Only Used
- 3 Shoulder Belt Only Used
- 4 Child Safety Seat Used
- 5 Helmet used
- 6 Helmet and Eye Protection Used
- 7 No Helmet-Eye Protection Only Used
- 8 Not Applicable-Nonmotorist
- 9 Restraint Use Unknown

List Operator safety equipment for DRIVERLESS MOTOR VEHICLES as 8.

## 41 - AIRBAG

Mark the bubble which represents the level of airbag deployment in the accident.

Mark "Not Applicable" if no airbag is furnished for the seat position. Mark "Non Deployed" ONLY if seating position is equipped with an airbag and the airbag did not deploy.

## 42 - EJECTED

Mark the bubble which best represents the level of the operator's ejection in the accident. "Ejected" can apply to motorcyclists, bicyclists, etc. "Not Applicable" applies to pedestrians.

## 43 -TRAPPED/EXTRICATED

Mark the bubble which best represents the level of the operator's entrapment or extrication. **"Trapped/Not Extricated" means the operator died in the vehicle.**

## 44 - MEDICAL TRANSPORT

Mark the "Y" bubble if the operator was injured and transported to a medical facility by a qualified medical professional. This includes a doctor, nurse, EMT, etc. If not, mark the "N" bubble.

## 45 - 46 - VEHICLE OWNER

Mark the "Y" bubble if the vehicle owner or lessor's name is the same as the operator's name. Do not complete fields 46-49. If the owner's name is not the same as the operator's, mark the "N" bubble and enter the name of the owner as it appears on the registration record.

◆	Vehicle Owner	45	Last Name	JOHNSON	First	WAYNE	F	MI
	Same	(Y) ●	46					

Street Address	RT 9 Box 9019		
City & State	WI	ZIP	54751
Phone Number	235-0123		

Year of Vehicle	Make	Model	Body Style	Color
90 95	51 GMC	52 JIMMY	53 SUV	54 GRN

Vehicle ID Number	1KL2J01283L170018
-------------------	-------------------

License Plate Number	Plate Type	State	Exp. Year
Z9999T	CVG	WI	98

***When a dealer license plate is displayed on the vehicle, list the dealership as the owner of the vehicle.***

The owner of a parked motor vehicle MUST be identified. A parked motor vehicle is any motor vehicle stopped, parked, disabled, or abandoned along the roadway where normal usage permits such stopping or parking outside the roadway traffic lanes. This does NOT include double parked vehicles, vehicles parked in no parking zones, driverless motor vehicles, vehicles with a door open into a traffic way or any illegally parked vehicles.

An illegally parked vehicle must be identified as a vehicle in transport. The person who parked this vehicle is the operator; complete fields 25-64.

47 - ADDRESS

Enter the current address of the owner.

48 - CITY, STATE, ZIP

Enter the city, state and zip code of the owner's current address.

49 - PHONE NUMBER

Enter the owner's entire phone number, including the area code. ***If the owner does not have a phone or has an unpublished/unlisted number which is not public record, print "NONE" in this field:***

50 - YEAR OF VEHICLE

51 - MAKE

52 - MODEL

53 - BODY STYLE

54 - COLOR

Enter the year, make, model (e.g. Camaro, Mustang, LeBarron, etc.), body style (e.g. 2 door, station wagon, van, pick-up, etc.), and the predominant color of the vehicle. If two-tone color information is necessary, record this information in the narrative. Use only the standard 3 letter color abbreviation found on the accident pad cover.

55 - VIN NUMBER

Enter the vehicle identification number from the unit, NOT from a registration check.

56 - LICENSE PLATE

Enter the license plate number displayed on the vehicle. If the license plate number is not available, leave this field blank.

In the case of a combination vehicle, list the power unit license plate number in this field. ***List trailer plates in field 106.***

57 - PLATE TYPE

Enter the standard 3 letter abbreviation for plate type. A complete list is located on page 97. The plate type must coincide with the unit type in field 21.

License Plate Number

Z 9999 T

Plate Type

CVG

State

WI

Exp. Year

98

Liability Insurance Company

63

AMERICAN FAMILY INS CO

SECTION 0  
1 ● 3

Size # 346.18(2) →

N -----  
A -----  
R -----  
R -----  
A -----  
T -----  
I 346.63(1)(a) -----  
V -----  
E -----



FIELDINSTRUCTIONS

58 - STATE

Enter the name of the issuing state using the standard 2 letter abbreviation and the year of expiration on the plate.

59 - EXP. YEAR

60 - 61 - POLICY HOLDER'S  
NAME

Ask each driver for the policy holder's name. If the policy holder's name is the same as the vehicle owner's name, mark the "Y" bubble. Do not complete field 61.

If the policy holder's name is different from the vehicle owner's name, mark the "N" bubble and enter the policy holder's name in field 61.

62 - CITATION

Mark the bubble which represents the number of citations issued. Mark the "0" bubble if no citations were issued, the "1" bubble if one citation was issued, etc. If one or more citations were issued, COMPLETE field 64.

63 - INSURANCE  
COMPANY

At the accident scene, ask each driver for the name of their insurance company. Enter the name of the insurance company that issued the policy covering the vehicle. Do not enter the name of the insurance agent, agency or motor club.

If the vehicle is not insured, print "NONE" in this field. Assist or instruct the people involved in the accident to exchange their names, addresses, drivers license numbers, dates of birth, vehicle registration information and phone numbers.

**IMPORTANT:** This information is used to enforce Wisconsin's Safety Responsibility Law.

64 - STAT. #

Enter the statute number, including subsection and paragraph, **of the violation which contributed most to the accident.** Refer to the REVISED UNIFORM STATE TRAFFIC DEPOSIT SCHEDULE for section numbers. If 2 or more citations are issued for 1 person, draw a "small horizontal arrow" in this field and list the additional citations in the narrative.

Occupant 65 Unit Number (2) (3) (4) (5) (6) (7) (8) (9) (10)	NAME		First	M.I.	Date of Birth	Sex
	66	Last	SUSAN	M	07-05-63	65 (M)
Address Same as Operator 74	ADDRESS		Street & Number	City & State	ZIP	
	68					
as Operator <input checked="" type="radio"/> Yes <input type="radio"/> No						

## FIELD

## INSTRUCTIONS

65 - OCCUPANT UNIT  
NUMBER

Mark the bubble which indicates the unit number that the OCCUPANT (i.e. passenger) was in.

66 - OCCUPANT NAME

Enter the name of the OCCUPANT. If the OCCUPANT has the same address as the unit's operator, mark the "Y" bubble in field 74, and leave field 68 blank.

Capturing names and addresses of all uninjured occupants in bus or train and car/deer accidents is optional.

If an occupant refuses to give his/her name and address, enter "REFUSED" in field 66.

The total number of OCCUPANTS listed in fields 65-77, plus the operators listed in fields 25 - 44, must equal the total number of occupants listed in field 22. ***Additional occupants can be recorded on a supplemental form found near the back of the accident report pad.***

**(Exception:** Car/deer, train and bus accidents, when all uninjured passenger information is not captured)

The total number of persons listed as "injured" or "killed" in these fields must equal the total number identified as injured or killed in fields 7 and 8, respectively.

If a person was killed, an immediate administrative TTY message to "MVFR" must be sent, and the MV3480 "Wisconsin Motor Vehicle Fatal Supplement Report" must be completed and sent (i.e. Appendices 1 and 2).

67 - DATE OF BIRTH

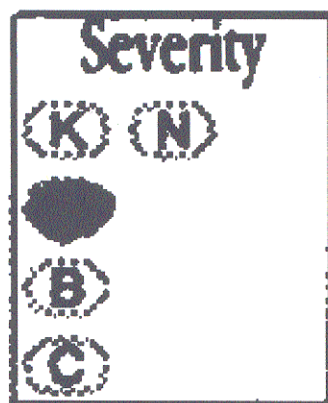
Enter the date of birth of the occupant.

68 - ADDRESS

Enter the address, city, state and zip code of the occupant.

69 - SEX

Mark the bubble which indicates the occupant's gender.



## 70- SEVERITY

Injury should be classified on the basis of the officer's observations at the accident scene. Mark the bubble which indicates the most severe injury for the occupant. Mark only 1 bubble per occupant.

**K = FATAL INJURY** - Any injury received in a traffic accident which results in death within 30 days of the accident.

Mark the "K" bubble when injuries result in a fatality.

**A = INCAPACITATING INJURY** - Any injury other than a fatal injury which prevents the injured person from walking, driving, or from performing other activities which he/she performed before the accident.

Mark the "A" bubble when an occupant's injuries are incapacitating.

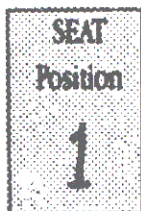
**B = NONINCAPACITATING INJURY** - Any injury, other than fatal or incapacitating, which is evident at the scene. Evidence of injury may include known symptoms of an injury which are not directly observable.

Mark the "B" bubble when an occupant's injuries are nonincapacitating.

**C = POSSIBLE INJURY** - Any injury which is not observable or evident at the scene but is claimed by the individual or suspected by the law enforcement officer.

Mark the "C" bubble when an occupant suffers possible injury.

**N = NO APPARENT INJURY** - Mark the "N" bubble when there is no apparent injury to the occupant.





## 71 - SEAT POSITION

Enter the seating position of the occupants using the following numbered codes:

## SEATING POSITIONS

- 1 Front Seat-Left Side (Motorcycle/**Bicycle** Driver)
- 2 Front Seat-Middle
- 3 Front Seat-Right Side
- 4 Second Seat-Left Side (Motorcycle/**Bicycle** Passenger)
- 5 Second Seat-Middle
- 6 Second Seat-Right Side
- 7 Third Row-Left Side (Sidecar: Motorcycle Passenger)
- 8 Third Row-Middle
- 9 Third Row-Right Side
- 10 Sleeper Section of Cab (Truck)
- 11 Passenger in Other Enclosed Passenger or Cargo Area (Non-Trailing Unit, including Buses)
- 12 Passenger in Unenclosed Passenger or Cargo Area (Non-Trailing Unit)
- 13 Trailing Unit
- 14 Riding on Vehicle Exterior (Non-Trailing Unit)
- 15 Pedestrian (Nonoccupant)
- 16 Unknown

List an occupant sitting on a person's lap as the same seat position.

## 72 - SAFETY EQUIPMENT

Enter the safety equipment used by each occupant. Use the numbered codes below. A pedestrian is always code 8.

Indicate safety equipment used by a bicyclist.

## SAFETY EQUIPMENT

- 0 None Used-Vehicle Occupant
- 1 Shoulder Belt and Lap Belt Used
- 2 Lap Belt Only Used
- 3 Shoulder Belt Only Used
- 4 Child Safety Seat Used
- 5 Helmet used
- 6 Helmet and Eye Protection Used
- 7 No Helmet-Eye Protection Only Used
- 8 Not Applicable-Nonmotorist
- 9 Restraint Use Unknown

AIRBAG	
<input type="radio"/> 1	Deployed
<input type="radio"/> 2	Non Deployed
<input type="radio"/> 3	Not Applicable
<input type="radio"/> 4	Unknown

Address Same  
as Operator ☐ Yes  
☐ No

EJECTED	
<input type="radio"/> 1	Not Applicable
<input type="radio"/> 2	Not Ejected
<input type="radio"/> 3	Totally Ejected
<input type="radio"/> 4	Partially Ejected
<input type="radio"/> 5	Unknown

TRAPPED	<input type="radio"/> 1 Not Applicable	<input type="radio"/> 2 Trapped/Entrapped	<input type="radio"/> 3 Unknown
EXTRICATED	<input type="radio"/> 4 Not Trapped	<input type="radio"/> 5 Trapped/Not Entrapped	

Medical	<input type="radio"/> 1
Transport	<input type="radio"/> 2

Agency Space
78

EMS Number
79

FIELDINSTRUCTIONS

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## 73 - AIRBAG

Mark the bubble which represents the level of airbag deployment in the accident.

Mark "Not Applicable" if no airbag is furnished for the seat position. Mark "Non Deployed" ONLY if seating position is equipped with an airbag and the airbag did not deploy.

74 - ADDRESS SAME  
AS OPERATOR

Mark the "Y" bubble if the occupant listed for the unit in field 65 has the same address as the operator of the unit. If not, mark the "N" bubble, and enter the occupant's address in field 68.

## 75 - EJECTED

Mark the bubble which best represents the level of the occupant's ejection in the accident.. "Ejected" can apply to motorcyclists or bicyclists. "Not Applicable" applies to pedestrians.

## 76 - TRAPPED/EXTRICATED

Mark the bubble which best represents the level of the occupant's entrapment or extrication. **"Trapped/Not Extricated" means the passenger died in the vehicle.**

## 77 - MEDICAL TRANSPORT

Mark the "Y" bubble if the occupant was injured and transported to a medical facility by a qualified medical professional. This includes a doctor, nurse, EMT, etc. If not, mark the "N" bubble.

## 78 - AGENCY SPACE

This space is for local agency use. It may be used for whatever purpose your agency deems appropriate. DOT will not capture information from this field.

## 79 - EMS NUMBER

Do not complete this field. Its use will be determined at a later date.

Type of Accident	
02 First Harmful Event	
Most Harmful Event	
Unit Number	Unit Number
(select one per vehicle)	
<b>Collision With Object Not Fixed</b>	
1 Motor Vehicle in Transport	2
3 Parked Motor Vehicle	4
5 Deer	6
7 Pedalcycle	8
9 Pedestrian	10
11 Railway Train	12
13 Other Animal	14
15 Motor Vehicle in Transport In Other Roadway	16
17 Other Object (Not Fixed)	18
<b>Collision With Fixed Object</b>	
19 Traffic Sign Post	20
21 Traffic Signal	22
23 Utility Pole	24
25 Lum. Light Support	26
27 Other Post	28
29 Tree	30
31 Mailbox	32
33 Guardrail Face	34
35 Guardrail End	36
37 Median Barrier	38
39 Bridge Parapet End	40
41 Bridge Pier Abut.	42
43 Impact Attenuator	44
45 Overhead Sign Post	46
47 Bridge Rail	48
49 Culvert	50
51 Ditch	52
53 Curb	54
55 Embankment	56
57 Fence	58
59 Other Fixed Object	60
61 Unknown	62
<b>Non-Collision</b>	
63 Overturn	64
65 Fire/Explosion	66
67 Immersion	68
69 Jackknife	70
71 Other Non-Collision	72

Example 1: Unit 1 collides with a parked motor vehicle (Property damage only)

Type of Accident	
26 First Harmful Event	
Most Harmful Event	
Unit Number	Unit Number
(select one per vehicle)	
<b>Collision With Object Not Fixed</b>	
1 Motor Vehicle in Transport	2
3 Parked Motor Vehicle	4
5 Deer	6
7 Pedalcycle	8
9 Pedestrian	10
11 Railway Train	12
13 Other Animal	14
15 Motor Vehicle in Transport In Other Roadway	16
17 Other Object (Not Fixed)	18
<b>Collision With Fixed Object</b>	
19 Traffic Sign Post	20
21 Traffic Signal	22
23 Utility Pole	24
25 Lum. Light Support	26
27 Other Post	28
29 Tree	30
31 Mailbox	32
33 Guardrail Face	34
35 Guardrail End	36
37 Median Barrier	38
39 Bridge Parapet End	40
41 Bridge Pier Abut.	42
43 Impact Attenuator	44
45 Overhead Sign Post	46
47 Bridge Rail	48
49 Culvert	50
51 Ditch	52
53 Curb	54
55 Embankment	56
57 Fence	58
59 Other Fixed Object	60
61 Unknown	62
<b>Non-Collision</b>	
63 Overturn	64
65 Fire/Explosion	66
67 Immersion	68
69 Jackknife	70
71 Other Non-Collision	72

Example 2: Unit 1 collides with the ditch, breaks an axle, and overturns, killing the driver.

Type of Accident	
01 First Harmful Event	
Most Harmful Event	
Unit Number	Unit Number
(select one per vehicle)	
<b>Collision With Object Not Fixed</b>	
1 Motor Vehicle in Transport	2
3 Parked Motor Vehicle	4
5 Deer	6
7 Pedalcycle	8
9 Pedestrian	10
11 Railway Train	12
13 Other Animal	14
15 Motor Vehicle in Transport In Other Roadway	16
17 Other Object (Not Fixed)	18
<b>Collision With Fixed Object</b>	
19 Traffic Sign Post	20
21 Traffic Signal	22
23 Utility Pole	24
25 Lum. Light Support	26
27 Other Post	28
29 Tree	30
31 Mailbox	32
33 Guardrail Face	34
35 Guardrail End	36
37 Median Barrier	38
39 Bridge Parapet End	40
41 Bridge Pier Abut.	42
43 Impact Attenuator	44
45 Overhead Sign Post	46
47 Bridge Rail	48
49 Culvert	50
51 Ditch	52
53 Curb	54
55 Embankment	56
57 Fence	58
59 Other Fixed Object	60
61 Unknown	62
<b>Non-Collision</b>	
63 Overturn	64
65 Fire/Explosion	66
67 Immersion	68
69 Jackknife	70
71 Other Non-Collision	72

Example 3: Unit 1, a MV in transport, collides with Unit 2, a MV in transport (Property damage only)

Fixed Object Struck			
Unit #	Unit #	Unit #	Unit #
21			
Govt. Damage Tag # 65432			

PROPERTY	Last	First	M.I.
OWNER	MONROE COUNTY	HIGHWAY DEPT	
ADDRESS Street & Number			
112 S MAIN ST			
City & State		ZIP	Phone Number
TOMAH WI		54660	555-4433

**TYPE OF ACCIDENT****80 - FIRST HARMFUL EVENT**

Enter the appropriate number in the box which most accurately describes the "first harmful event." Select this number from field 81.

**Definition: First Harmful Event is the first occurrence of injury or damage.**

**81 - MOST HARMFUL EVENT**

For each unit involved: 1) Mark the appropriate unit number, and, 2) Mark the bubble that represents the "most harmful event." **Select only one bubble for each unit.**

**Definition: Most Harmful Event is the event which *caused* the greatest injury or damage to the unit.**

*In other words, to complete field 81, ask yourself: "What caused the greatest injury or damage to the unit?"*

***For Example:** Unit 1 (a motor vehicle in transport) strikes Unit 2 (a parked motor vehicle). The correct response is marking parked motor vehicle (bubble 2) as causing the most damage to unit 1; then, marking motor vehicle in transport (bubble 1) as causing the most damage to Unit 2.*

Use "Motor Vehicle in Transport in Other Roadway" when a vehicle collided with another vehicle after crossing a separation area between two parallel roadways (e.g. vehicle left freeway and hit another vehicle on a frontage road).

**OPTIONAL:** If "deer" is the type of accident, and the accident is a single vehicle accident not involving an injury, fatality or damage to other property, an MV4000 accident report with abbreviated car/deer information may be submitted provided your Law Enforcement Agency Administrator approves (see Appendix 5 for instructions).

**82 - FIXED OBJECT STRUCK**

Enter the unit number in the space to the right of "UNIT" in the small box. Then, from field 81, enter the number(s) that most accurately describe the fixed object(s) struck by each unit and owned by one property owner below the first line. Additional property owners' information can be recorded on an Accident Report Supplement.

Fixed Object Struck				PROPERTY Last First M.I.	
Unit # <b>2</b>	Unit #	Unit #	Unit #	OWNER <b>MONROE COUNTY HIGHWAY DEPT</b>	
<b>21</b>				ADDRESS Street & Number	
				<b>112 S MAIN ST</b>	
Govt. Damage Tag # <b>65432</b>				City & State	ZIP Phone Number
				<b>TOMAH WI</b>	<b>54660 555-4433</b>

Driver Condition	
<b>Unit Number</b> <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	<b>Unit Number</b> <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
<b>28 Driver Factors (Or Pedestrians)</b>	
<input checked="" type="radio"/> 1	Appeared Normal <input type="radio"/> 1
<input type="radio"/> 2	Reduced Alertness <input checked="" type="radio"/> 2
<input type="radio"/> 3	Ability Impaired <input type="radio"/> 3
<input type="radio"/> 4	Not Observed <input type="radio"/> 4
<b>39 Presence</b>	
<input checked="" type="radio"/> 1	Neither Alcohol nor Drugs Present <input type="radio"/> 1
<input type="radio"/> 2	Yes—Alcohol Present <input checked="" type="radio"/> 2
<input type="radio"/> 3	Yes—Drugs Present <input type="radio"/> 3
<input type="radio"/> 4	Yes—Alcohol & Drugs Present <input type="radio"/> 4
<input type="radio"/> 5	Unknown <input type="radio"/> 5

## FIELD

## INSTRUCTIONS

### 83 - GOVT. DAMAGE TAG #

For agencies following the Damage Claim Program and Tagging System, enter the yellow Govt. Damage Tag number in this box.

### 84 - PROPERTY OWNER

Enter the name of the property owner of the fixed object struck. This can be an individual, government agency, or business. ***Refer to Appendix 9 on Page 110 for WI Dept. of Transportation Highway District addresses.***

Include additional supplemental forms to identify and link multiple property owners with their property. The supplemental forms can be found near the back of the accident report pad.

### Deer

If "deer" is the type of accident, do not list the DNR as fixed object owner in fields 84-87, or as a possible contributing circumstance to the accident in fields 122 - 124.

### Domestic Animals

Owners of cows, horses, or other animals killed or injured in accidents should not be listed in this field. Instead, record the owner's name, DOB, address and driver license number in the accident narrative. DOT Safety Responsibility follow-up may be necessary.

### 85, 86, 87 - ADDRESS, CITY, STATE ZIP & PHONE

Enter the street address of the property owner listed, the city, state, zip code and telephone number.

## DRIVER/PEDESTRIAN CONDITION

Driver Condition data, based on observation at the scene of the accident and/or chemical test results available during the investigation, ***must be recorded.***

### 88 - DRIVER FACTORS (Or Pedestrians)

For each operator or pedestrian involved:

- 1) Mark the appropriate unit number, and
- 2) Mark the bubble which best depicts his/her condition at the time of the accident. Mark only one bubble per operator or pedestrian.

Mark "Not Observed" when you have not observed the driver's condition (walk-in report, Hit & Run, driver left scene prior to your arrival, etc.).

### 89 - PRESENCE

For each operator or pedestrian involved, mark the bubble which best depicts the presence of alcohol or other drugs. Mark only one bubble per operator or pedestrian.



90

## Alcohol

AC Value

AC Value

.03



Test Not Given

(10)

(11)

Test Refused

(11)

(12)

Test Given, Alcohol Unknown

(12)

(13)

Test Given, No Alcohol Reported

(13)

91

## Drugs



Test Not Given

(15)

(15)

Test Refused

(15)

(16)

Test Given, Drugs Unknown

(16)

(17)

Test Given, No Drugs Reported

(17)

(18)

Drugs Reported (Specify Below)

(18)

(18)

Marijuana

(18)

(20)

Cocaine

(20)

(21)

Opiates

(21)

(22)

Amphetamines

(22)

(23)

PCP

(23)

(24)

Other Drug Medication

(24)

(25)

Type Unknown

(25)

Unit #

(2) (3) (4) (5) (6) (7) (8) (9) (10)

Pedestrian 92

Location

Action

(1) In Crosswalk

(1) Walking not Facing Traffic

(2) In Roadway

(2) Disregarded Signal

(3) Not in Roadway

(3) Darting into Road

(4) On Sidewalk

(4) Dark Clothing

(5) Walking Facing Traffic

Manner of Collision

93

(1) No Collision with Motor Vehicle in Transport

(2) Rear-end



(3) Head On



(4) Rear to Rear



(5) Angle



(6) Sideswipe, Same Direction



(7) Sideswipe, Opposite Direction



(8) Unknown

## 90 - ALCOHOL

For each operator or pedestrian involved, mark the bubble which best depicts whether a chemical alcohol test was given or alcohol was present. Mark only one bubble per operator or pedestrian.

If an intoxilyzer, blood or urine alcohol test was given, enter the alcohol concentration (AC Value) in the appropriate box. **Do not enter PBT values.**

## 91 - DRUGS

For each operator or pedestrian involved in the accident, mark the bubble which best depicts whether a drug test was given or drugs were present.

If a test was given and drugs were present, mark the bubbles associated with the types of drugs found. Mark all bubbles that apply.

When you mark "Other Drug Medication," record the type of medication in the narrative.

## 92 - PEDESTRIAN

When a pedestrian is involved:

- 1) Mark the bubble which represents the pedestrian unit number, and
- 2) Mark the bubble that best identifies the location of the pedestrian involved in the accident during the first harmful event, and
- 3) Mark the bubble which best identifies an "action" that may have been a factor in the accident. ***If no "action" is applicable, leave blank.***

## 93 - MANNER OF COLLISION

Mark the bubble which best describes the manner of collision at the point of the first harmful event. The arrows represent vehicles.

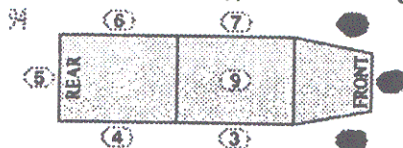
There are 3 exceptions to this rule:

1. OFF ROAD ACCIDENTS: DOT engineers ask that you mark these accidents as "No Collision with Motor Vehicle In Transport." Record any objects struck in field 82, Fixed Object Struck, and mark bubble 5 or 6, as appropriate in field 117, Relation to Roadway.
2. SINGLE VEHICLE ACCIDENTS: Mark these accidents as "No Collision with Motor Vehicle in Transport."
3. DEER, OTHER ANIMAL, PEDESTRIAN, BICYCLE and PARKED MOTOR VEHICLE ACCIDENTS: Always code as "No Collision with Motor Vehicle in Transport."

Unit #

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

### Darken Numbered Area(s) of Vehicle Damage



- ① None  
 ⑩ Undercarriage  
 ⑪ Total (Damage to all Areas)  
 ⑫ Other  
 ⑬ Unknown

95

### Extent of Damage

- ① None  
 ② Very Minor  
 ③ Moderate  
 ④ Severe  
 ● Very Severe  
 ⑥ Unknown

## 94 - VEHICLE DAMAGE

Trailer or Towed  
Unit Damage

For each unit involved:

- 1) Mark the appropriate unit number, and
- 2) Mark the bubble(s) in the area(s) where the vehicle is damaged. This diagram is to be used for all units except pedestrians.

Damage to a trailer or towed unit is recorded in the VEHICLE DAMAGE diagram. Use numbers 8, 1 and 2 for damage to the power unit. Numbers 3 through **7 and 9** are to record damage to the trailer or towed unit. In the case of a double-bottom trailer, use numbers 7, 9 and 3 to record damage to one trailer, and numbers 4, 5 and 6 to record damage to the second trailer.

WHEN you mark bubble 0, 11, 12, or 13, **it is not necessary to** mark bubbles 1 - 9 in this field.

## 95 - EXTENT OF DAMAGE

Mark the bubble that best describes the vehicle's damage severity.

**CRITERIA:**

**None** = No apparent damage to vehicle.

**Very Minor** = Damage of a cosmetic nature. Examples: paint scratches, tire scuff marks, bumper rub marks. No dents or missing trim pieces.

**Minor** = Vehicle is dented but repairable. Examples: blown tire(s), broken windshield or window, missing trim pieces, small dents but no creased metal parts.

**Moderate** = Vehicle quarterpanels are dented or creased. Broken or missing parts can be either replaced or repaired. Vehicle frame or unibody are not damaged. Includes engine compartment fires.

**Severe** = Vehicle not driveable but may be salvaged.

**Very Severe** = Vehicle is not salvageable. Examples: extensive vehicle damage due to impact of collision, vehicle fire, and vehicle rollover damaging all areas of the vehicle.

**Unknown** = Extent of vehicle damage is unknown to the investigating officer. Examples: vehicle repaired prior to the police investigation, vehicle returned to home state after accident, and unidentified hit and run vehicle fleeing accident scene.

Draw Diagram of Accident & Indicate North with an arrow in the circle.

### Pictorial Representation of Narrative

Witness Statements		Measurements Taken	
1	2	1	2

Sketches to Support

Unit 1	Unit 2
1	2

Surface Type: ASPHALT

STH 12  
N MAIN ST

PARK AVE

STOP

DRAWING NOT TO SCALE

## FIELD

## INSTRUCTIONS

96 - VEHICLE TOWED DUE TO DAMAGE

Mark the "Y" bubble if the vehicle was towed DUE TO DAMAGE, the "N" bubble if it was not.

97 - VEHICLE REMOVED BY

Identify who removed the vehicle from the accident scene (e.g. operator, police officer, name of towing service).

98 - DIRECTION

Draw an arrow in the circle to indicate NORTH.

99 - PICTORIAL REPRESENTATION OF NARRATIVE

Draw a diagram which corresponds with the narrative description of the accident. Every accident report, except *the abbreviated* single vehicle property damage car/deer accidents, MUST have a diagram (see Appendix 5). The graphic background is provided to facilitate the use of a template.

Label all items drawn in the diagram.

If the units have been moved prior to your arrival at the accident scene, complete a diagram of the accident with any remaining visible evidence. If you have not investigated the scene, complete the diagram based on statements of the operator(s) and label the diagram "BASED ON OPERATOR(S) STATEMENT(S)."

Broken Lines

Use broken lines to show vehicle or pedestrian movements and events up to and including point of impact, but not point of final rest.

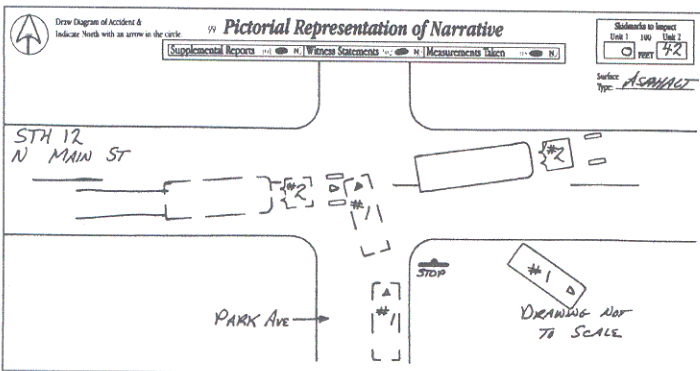
Solid Lines

Draw "visible evidence" with solid lines.

This includes:

1. The unit(s) at final rest
2. Physical features (e.g. view obstructions, traffic signs or signals fixed objects)
3. Any tire marks left by the unit(s) up to impact (e.g. speed scuffs, tire impressions)
4. Any marks left by the unit(s) after impact (e.g. gouges, scratches)
5. Any debris left by the units after impact (e.g. spilled fluids, broken glass).

All accident reports must have a diagram. EXCEPTION: *Abbreviated* single vehicle property damage car/deer accidents (see Appendix 5).



N UNIT #1 WAS STOPPED AT STOP SIGN ON PARK AVE  
A FACING W/B. UNIT #2 WAS E/B ON STH 12  
A APPROACHING INTERSECTION OF PARK AVE.  
R UNIT #1 PULLED FROM STOP SIGN ATTEMPTING  
R LEFT TURN. THE FRONT OF UNIT #2 STRUCK  
A THE LEFT FRONT ON UNIT #1. UNIT #1  
A SPUN CLOCKWISE AND CAME TO REST IN DITCH  
T ON SOUTHSIDE OF STH 12. UNIT #2 CONTINUED  
I EAST ON STH 12 COMING TO REST IN W/B LANE

100  
VIN # 2 100 W B N T L SEMI 1 TTV 482 E JAL 176330  
E 303030 303030 STL WZ Nan - EXP

Photos By:

105

R W FRISK

100 -SKIDMARKS  
TO IMPACT

Enter in FEET the measurements of any skidmarks up to impact for each unit. Enter a "0" if there are no skidmarks for a unit.

## Surface Type

Optional: Enter the type of roadway surface on which the skidmarks were measured.

101- SUPPLEMENTAL  
REPORTS

Mark the "Y" bubble if there are supplemental reports associated with this accident that will not be sent to DOT (e.g. special diagrams, measurement records, field notes, etc.). Mark the "N" bubble if there are none.

## 102- WITNESS STATEMENTS

Mark the "Y" bubble if there are written witness statements associated with this accident. If none, mark the "N" bubble.

## 103- MEASUREMENTS TAKEN

Mark the "Y" bubble if you have taken and recorded measurements for this accident. Mark the "N" bubble if no measurements were taken.

## 104- NARRATIVE

This field should be used to describe the sequence of events for all units involved in the accident. The narrative and diagram should give a clear picture of what took place.

The narrative field should also be used to record additional information on the following:

1. Pointer Information
2. Multiple Citations
3. Additional Witnesses
4. Other Drug Medication
5. Domestic Animal Owners (See field 84)
6. Hazardous Materials Spilled from Trucks or Buses
7. Parked Semi Trailers and Other Trailers
8. School Bus Information
9. Other PCC's

## School Bus

When a school bus is involved in an accident, record the following additional information in the narrative: The NAME of the school and whether the bus was travelling TO or FROM it; the NAME of the School District the bus is contracted with; the BODY MAKE and SEATING CAPACITY of the bus.

## 105 - PHOTOS BY:

If, in field 9, you marked the "Y" bubble for "Photos Taken," enter the name of the person(s) who took the photos or video recordings in this field.



106	2	WBNTL	SEMI	VIN	1T7V482E1N2176330
Power Line #	Trailer	Weight	State	Exp. Yr.	
303030	STL	WZ	Now-Exp		

WITNESS	Last	First	M.I.
NAME	ANDERSON	ANNE	M
ADDRESS	Street & Number	Date of Birth	
176	282 N BROADWAY	02-18-68	
City & State	ZIP	Phone	
110	MONROIE WI 54751	Number	(715) 282-0123

## FIELD

## INSTRUCTIONS

### 106 - TRAILER OR TOWED

***If a unit was pulling a trailer or towed unit list the trailer/towed unit information on the bottom 2 lines of the narrative.*** DO NOT list vehicles which were towed from the scene as a result of the accident.

List unit number, from field 20, of the POWER UNIT\*, TOWED UNIT type, the TRAILER MAKE or towed vehicle make, VIN, LICENSE PLATE NUMBER, PLATE TYPE, STATE of ISSUE, and EXPIRATION YEAR. When any of this information is not available, enter "NA" after the information category.

***\* Do not list fleet number. Power unit number is the same as the unit number in field 20.***

### TOWED UNIT TYPE

Use the following abbreviations to identify the TOWED UNIT type:

Auto = **AUTO**

Truck = **TRUK**

Bus = **BUS**

Full Trailer = **TRLR**

(e.g. 5th wheels)

Mobile Home = **MBHM**

Recreational = **RECR**

(e.g. camper trailers)

Equipment = **EQMT**

Semi Trailer = **SEMI**

Utility Trailer = **UTIL**

(e.g. boat, snowmobile, home made, and other trailers)

### Parked Trailers

If the accident involves an unattached **LEGALLY PARKED** semi trailer or other trailer struck while on private property or in a parking lot, complete field 82, "Fixed Object Struck" using number 9 "Other Object (Not Fixed)" to describe the object struck. Enter the name, address and phone number of the trailer's owner in fields 84-87.

If the unattached semi trailer or other trailer is **LEGALLY PARKED** along a public highway when it is struck, it is considered part of a unit and the power unit information should be sought and recorded in fields 50-59. Also, record the trailer information in field 106.

If the unattached semi trailer or other trailer is **ILLEGALLY PARKED**, complete the operator and power unit information in fields 25-64, and record the semi trailer or other information in field 106.

### 107 - WITNESS NAME

Enter the name of the witness. Additional witnesses may be recorded in the narrative.

WITNESS NAME: 107	ANDERSON	First Name: ANNE	Initials: M
ADDRESS: 108	202 N BROADWAY	Date of Birth: 02-18-68	
City & State: 110	MEMPHIS TN 38101	Phone Number: 111	(715) 282-0123

**ACCESS CONTROL** 112

☒ No Control (Unlimited Access)  
☐ Full Control (Only Ramp Entry/Exit)  
☐ Partial Control

**TRAFFIC WAY** 115

☒ Not Physically Divided (2-Way Traffic)  
☐ Divided Highway, Median Strip, without Traffic Barrier  
☐ Divided Highway, Median Strip, with Traffic Barrier  
☐ One-Way Traffic  
☐ Parking Lot or Private Property

**RELATION TO ROADWAY** 117

☒ On Roadway  
☐ Parking Lot or Private Property  
☐ Shoulder (Other than Shoulder within Median or Gore)  
☐ Median (Other than Median within Gore)  
☐ Outside Shoulder—Left  
☐ Outside Shoulder—Right  
☐ Off Roadway—Location Unknown  
☐ On Ramp  
☐ Gore (Area between Ramp & Highway)  
☐ Unknown

**ROAD TERRAIN** 118

**Part A**  
☒ Straight  
☐ Curve  
**Part B**  
☒ Level/Flat  
☐ Hill

**ROAD SURFACE CONDITION** 119

☒ Dry  
☐ Wet  
☐ Snow/Slush  
☐ Ice  
☐ Sand, Mud, Dirt, Oil  
☐ Other  
☐ Unknown

**LIGHT CONDITION** 114

☐ Daylight  
☐ Dark—Not Lighted  
☒ Dark—Lighted  
☐ Dawn  
☐ Dusk  
☐ Unknown

**WEATHER** 116

☒ Clear  
☐ Cloudy  
☐ Rain  
☐ Snow  
☐ Fog, Smog, Smoke  
☐ Sleet, Hail (Freezing Rain or Drizzle)  
☐ Blowing Sand, Soil, Dirt, Snow  
☐ Severe Crosswinds  
☐ Other  
☐ Unknown

### What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	<input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20

☒ Going Straight  
☐ Making Left Turn  
☐ Making Right Turn  
☐ Slowing or Stopping  
☐ Stopped in Traffic  
☐ Legally Parked  
☐ Violating No Passing Zone  
☐ Illegally Parked  
☐ Parking Maneuver  
☐ Backing Maneuver  
☐ Changing Lanes  
☐ Overtaking on left  
☐ Overtaking on right  
☐ Making U Turn  
☐ Turning on red  
☐ Merging  
☐ Negotiating Curve  
☐ Other

### Traffic Control

Unit Number	Unit Number
<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	<input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20

☒ No Control  
☐ Traffic Signal Operating  
☐ Traffic Signal Flashing  
☐ Stop Sign  
☐ Stop Sign with Flasher  
☐ Warning  
☐ Warn sign with Flasher  
☐ Yield Sign  
☐ Traffic Control Person  
☐ RR-crossing Signal  
☐ Other

## FIELD

## INSTRUCTIONS

108, 109, 110 & 111  
ADDRESS, DATE OF BIRTH,  
STATE, PHONE

Enter the witness's street address, date of birth, city, state, zip code and phone number.

112 - ACCESS CONTROL

Mark the bubble which best identifies the type of roadway access control for the ON HIGHWAY vehicle.

113 - ROAD TERRAIN

**Part A:** Mark the bubble which best identifies the horizontal road terrain at the point of impact. Mark only one bubble.

**Part B:** Mark the bubble which best identifies the vertical road terrain at the point of impact. Mark only one bubble.

114 - LIGHT CONDITION

Mark the bubble which best indicates the type of light condition present at the scene.

115- TRAFFIC WAY

Mark the bubble which best identifies the type of ON HWY traffic way.

116 - ROAD SURFACE  
CONDITION

Mark the bubble which best identifies the road surface condition at the point of origin for the unit most at fault.

117 - RELATION TO  
ROADWAY

Mark the bubble which best identifies where the accident occurred.

118 - WEATHER

Mark the bubble which best identifies the weather condition at the time of the accident.

119 - WHAT DRIVERS WERE  
DOING

For each unit involved:

- 1) Mark the appropriate unit number, and
- 2) Mark the bubble that best describes what the operators/pedestrians of each unit were doing prior to the accident.

In the case of a legally parked vehicle, mark "6." When **illegally** parked, mark "8." For a driverless motor vehicle, mark "18."

120 - TRAFFIC CONTROL

For each unit involved:

- 1) Mark the appropriate unit number, and
- 2) Mark the appropriate bubble that best describes the type of traffic control present for the unit.

Item 9, "Traffic Control Person," includes police officer, crossing guard, flag person and other persons engaged in traffic control.

6829880

Document Number Override

121 6762842

***Officer's Opinion of Possible Contributing Circumstances*****Driver Factors**

Unit Number

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

122

Unit Number

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

N/A

- |   |                                  |
|---|----------------------------------|
| <input type="radio"/> 1 Exceeding Speed Limit       | <input type="radio"/> 1          |
| <input type="radio"/> 2 Speed too Fast/Condition    | <input type="radio"/> 2          |
| <input type="radio"/> 3 Fail to Yield Right of Way  | <input checked="" type="radio"/> |
| <input type="radio"/> 4 Inattentive Driving         | <input checked="" type="radio"/> |
| <input type="radio"/> 5 Following too Close         | <input type="radio"/> 5          |
| <input type="radio"/> 6 Improper Turn               | <input type="radio"/> 6          |
| <input type="radio"/> 7 Left of Center              | <input type="radio"/> 7          |
| <input type="radio"/> 8 Disregarded Traffic Control | <input type="radio"/> 8          |
| <input type="radio"/> 9 Improper Overtaking         | <input type="radio"/> 9          |
| <input type="radio"/> 10 Unsafe Backing             | <input type="radio"/> 10         |
| <input type="radio"/> 11 Failure to have Control    | <input type="radio"/> 11         |
| <input type="radio"/> 12 Driver Condition           | <input checked="" type="radio"/> |
| <input type="radio"/> 13 Physically Disabled        | <input type="radio"/> 13         |
| <input type="radio"/> 14 Other                      | <input type="radio"/> 14         |

**Vehicle Factors**

Unit Number

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

123

Unit Number

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

N/A

- |  |                          |
|--|--------------------------|
| <input type="radio"/> 1 Brake System               | <input type="radio"/> 1  |
| <input type="radio"/> 2 Tires                      | <input type="radio"/> 2  |
| <input type="radio"/> 3 Steering System            | <input type="radio"/> 3  |
| <input type="radio"/> 4 Turn Signals               | <input type="radio"/> 4  |
| <input type="radio"/> 5 Head Lamps                 | <input type="radio"/> 5  |
| <input type="radio"/> 6 Stop Lamps                 | <input type="radio"/> 6  |
| <input type="radio"/> 7 Tail Lamps                 | <input type="radio"/> 7  |
| <input type="radio"/> 8 Disabled in Prior Accident | <input type="radio"/> 8  |
| <input type="radio"/> 9 Other Disabled             | <input type="radio"/> 9  |
| <input type="radio"/> 10 Mirrors                   | <input type="radio"/> 10 |
| <input type="radio"/> 11 Suspension System         | <input type="radio"/> 11 |
| <input type="radio"/> 12 Other                     | <input type="radio"/> 12 |

## FIELD

## INSTRUCTIONS

### 121 - DOCUMENT NUMBER OVERRIDE

If the accident involves 3 or more units, enter the original MV4000 accident report document number in this field and again in field 0, "Document Number Override" on page 1 of the MV4000 accident report form. Also, enter and mark the County, MUN/TWP and the accident date (i.e. fields 2,3 and 4) on each additional copy. Do NOT delete *or alter* the pre-printed document number or fill in the amended bubble.

If you are submitting an amended accident report, follow the amendment procedure outline on page 32 of this manual.

## OFFICER'S OPINION OF POSSIBLE CONTRIBUTING CIRCUMSTANCES

### 122 - DRIVER FACTORS

For each driver or pedestrian involved:

- 1) Mark the appropriate unit bubble, and
- 2) Mark all driver factors which may have contributed to this accident. Limit the use of bubble "14" "Other" to indicate factors not captured in bubbles "1-13" and EXPLAIN in the narrative. If none of the factors apply, mark the "NA" bubble for that unit.

***Do NOT mark an "NA" bubble for a non-existent unit.***

Actions taken by the officer when completing this field must be based on his/her training and experience.

Mark bubble "12" if you want to identify your entries in fields 88-91 as possible contributing circumstance(s) to the accident. ***Do not mark bubble "12" when field 88 is marked "Appeared Normal."***

### 123 - VEHICLE FACTORS

For each unit involved:

- 1) Mark the appropriate unit bubble, and
- 2) Mark all vehicle factor(s) that may have contributed this accident. Limit the use of bubble "12" "Other" to indicate factors not captured in bubbles "1-11" and EXPLAIN in the narrative. If none of the factors apply, mark the "NA" bubble for that unit.

***Do NOT mark an "NA" bubble for a non-existent unit.***

Actions taken by the officer when completing this field must be based on his/her training and experience.



Highway Factors	
Unit Number	Unit Number
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
<input type="radio"/> N/A	<input type="radio"/> N/A
<input type="radio"/> 1 Snow, Ice or Wet <input type="radio"/> 2 Narrow shoulder <input type="radio"/> 3 Low Shoulder <input type="radio"/> 4 Soft Shoulder <input type="radio"/> 5 Loose Gravel <input type="radio"/> 6 Rough Pavement <input type="radio"/> 7 Debris from Prior Accident <input type="radio"/> 8 Other Debris <input type="radio"/> 9 Sign Obscured or Missing <input type="radio"/> 10 Narrow Bridge <input type="radio"/> 11 Construction Zone <input type="radio"/> 12 Visibility Obscured <input type="radio"/> 13 Other	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13

### OFFICER INFORMATION

Last	First	M.I.
125 KLINKE	SGT	
Law Enforcement Agency Address		
126 517 COURT ST		
City & State		ZIP
127 NEILLSVILLE WI		54456
Phone Number		
(715) 128 743-3157		
Agency #	Enforcement Agency	Officer ID #
129	130 CLARK	131 50525

### Date Notified

MONTH	DAY	YEAR
<input type="radio"/> Jan	1	29
<input type="radio"/> Feb	1	28
<input type="radio"/> Mar	0	0
<input type="radio"/> Apr	1	1
<input type="radio"/> May	2	2
<input type="radio"/> June	3	3
<input type="radio"/> July	4	4
<input type="radio"/> Aug	5	5
<input type="radio"/> Sept	6	6
<input type="radio"/> Oct	7	7
<input type="radio"/> Nov	8	8
<input type="radio"/> Dec	9	9

## FIELD

## INSTRUCTIONS

---

### 124 - HIGHWAY FACTORS

For each unit involved:

- 1) Mark the appropriate unit bubble, and
- 2) Mark all highway factor(s) that may have contributed to this accident. Limit the use of bubble "13" "Other" to indicate factors not captured in bubbles "1-12" and EXPLAIN in the narrative. If none of the factors apply, mark the "NA" bubble for that unit.

***Do NOT mark an "NA" bubble for a non-existent unit.***

Actions taken by the officer when completing this field must be based on his/her training and experience.

### OFFICER INFORMATION

#### 125 - NAME

Enter the full name (e.g. Smith Tom J.) or the last name, first and middle initials (e.g. Smith T.J.), or the last name and rank (e.g. Smith Deputy) of the officer completing the accident report ***in the manner required by your agency.***

#### 126 - STREET ADDRESS

Enter the law enforcement agency address.

#### 127 - CITY, STATE, ZIP

Complete the agency address by entering the city, state and zip code.

#### 128 - PHONE NUMBER

Enter the law enforcement agency phone number including the area code.

#### 129 - AGENCY #

If required by your agency, enter the local precinct, sector, district, case number, etc.

#### 130 - ENFORCEMENT AGENCY

Enter the name of your law enforcement agency, followed by its standard 2 letter abbreviation (e.g. Vernon S O, Superior P D, Allouez P S, Town of Pewaukee P D, etc.). ***Do Not use your 4 letter agency TTY identifier.***

#### 131 - OFFICER ID #

Print your officer badge or other I.D. number.

#### MONTH - DAY - YEAR

#### 132 - DATE NOTIFIED

Mark the bubble which represents the MONTH in which you were notified of the accident.



# Time Notified (Military Time)

HOUR		MIN.	
2	2	1	9
0	0	0	0
1	1	0	1
0	0	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

# Time Arrived (Military Time)

HOUR		MIN.	
2	2	2	2
0	0	0	0
1	1	1	1
0	0	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

# Date of Report

MONTH	DAY	YEAR
Jan	1	298
Feb	2	2
Mar	3	3
Apr	4	4
May	5	5
June	6	6
July	7	7
Aug	8	8
Sept	9	9
Oct	0	0
Nov	1	1
Dec	2	2

**FIELD****INSTRUCTIONS**

---

**133 - DATE NOTIFIED, Cont.**

Enter the two digit date you were notified of the accident in the boxes at the top of this field. Then, mark the appropriate bubbles.

Enter the year you were notified of the accident in the YEAR box. Then, mark the appropriate bubble.

**134 - TIME NOTIFIED  
(Military Time)**

Enter the four digit military time at which you were notified of the accident in the boxes at the top of this area. Then, mark the appropriate bubbles.

Midnight is 2400. One minute after midnight is entered 0001. This is the start of the day. 9:17AM is 0917, 12:00 noon is 1200. Beginning with 1PM, add 12 to the hour to get the correct military time. Example: 1:00PM equals 1300 ( $1:00 + 12:00 = 13:00$ ), 2:21PM equals 1421 ( $2:21 + 12:00 = 14:21$ ), and 10:05PM equals 2205 ( $10:05 + 12:00 = 22:05$ ).

"Time Notified" cannot precede the "Time of Accident."

**135 - TIME ARRIVED  
(Military Time)**

Enter the military time at which you arrived at the accident in the boxes at the top of this area. Then, mark the appropriate bubbles.

The "military time" instructions in field 133 also apply to this field.

If there was no on-scene investigation of the accident:  
1) Enter 0000 in the boxes at the top of this field, and 2) Mark all four "0" bubbles.

**MONTH - DAY - YEAR****136 - DATE OF REPORT**

Mark the bubble which represents the MONTH in which you completed the accident report.

Enter the two digit date you completed the accident report in the boxes at the top of this field. Then, mark the appropriate bubbles.

Enter the year you completed the accident report in the YEAR box. Then, mark the appropriate bubble.

"Date of Report" cannot precede the "Accident Date."

# Truck & Bus Accident Information

When To Use This Section:

Did the accident involve: . . .

Part A

A truck with at least two axles and six tires?

☐ Y ☒ N

A truck with a hazardous materials placard?

☐ Y ☒ N

A bus designed to carry 16 or more persons, including the driver?

☐ Y ☒ N

**STOP!** If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured?

☐ Y ☒ N

Any injured person requiring transport for immediate medical treatment?

☐ Y ☒ N

One or more vehicles that had to be towed from the scene as a result of the accident?

☐ Y ☒ N

**STOP!** If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section. . .

## Hazardous Material Information

137 • Hazardous Material Class Numbers (1-2digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed?

☐ Y ☒ N

• Hazardous Cargo was Released?

☐ Y ☒ N

List the Hazardous Material(s) by name in this load:

HYDROGEN CHLORIDE

List the Name(s) of Released Hazardous Material(s):

HYDROGEN CHLORIDE

## TRUCK &amp; BUS ACCIDENT INFORMATION

136 - WHEN TO USE THIS  
SECTION

If you marked the "Y" bubble for "Truck or Bus" in field 9, complete Part A, marking the "Y" and "N" bubbles, as appropriate. If you mark any "Y" bubbles in Part A, complete Part B. If all bubbles in Part A are marked "N," you do not need to complete the TRUCK AND BUS ACCIDENT INFORMATION.

If you mark any of the bubbles "Y" in Part B, complete the TRUCK AND BUS ACCIDENT INFORMATION section.

## 137 - HAZARDOUS MATERIALS INFORMATION

Hazardous Material Class  
Numbers

Enter the hazardous material class number(s). These can be found either in the shipping papers or in the bottom point of the hazardous material placard. This number is sometimes a two digit number with a decimal, such as an oxidizer which can have a class number of "5.1." If hazardous materials are not being transported, leave field 137 blank and go to field 138.

Hazardous Material "UN"  
Numbers

If the carrier is transporting hazardous materials, enter the four digit UN number from the shipping papers or placard. On cargo tanks, the UN number may also be found on an orange panel adjacent to the placard.

Hazardous Material Placard  
Displayed

Mark the "Y" bubble if a hazardous material placard is displayed on the vehicle. Mark the "N" bubble if a hazardous material placard is not displayed on the vehicle.

List Hazardous Materials  
Present

Enter the name(s) of the hazardous materials present in the load. If more space is needed, draw a small horizontal arrow and continue listing the materials in the accident narrative.

List Hazardous Materials  
Released

Enter the name(s) of released hazardous material(s). **Do not include fuel that powers the vehicle.** If more space is needed, draw a small horizontal arrow, and continue listing the released hazardous materials in the accident narrative.

## Carrier Information

• Interstate Carrier? ☒ N ☐ 138

Carrier Name

139 **US TRUCKING**

### Carrier Identification Numbers

Source:

US DOT

140 **123456-A**

LC

**35791113**

ICC MC

**B35164**

IC

**6121824**

Carrier Address

142 **802 MAIN ST NORWALK WI**

Vehicle Side  
Shipping Papers  
Trip Manifest  
Driver

☒ Log Book

141

## Vehicle Information

Gross Vehicle Weight Rating

113 **80,000**

LBS

Total # of Axles

144 **5**

### Vehicle Configuration

1 


Bus

3 

Single-unit truck, 3+ axles

5 

Truck, Tractor

7 

Tractor-Trailer

9 

Unknown Heavy Truck

2 

Single-unit truck, 2 axles, 6 tires

4 

Truck, Trailer

6 

Tractor, Semi-Trailer

8 

Tractor-Triples

10 

Log Truck

### SEQUENCE OF EVENTS FOR THIS VEHICLE

145

(Mark a total of one to four events in the order that they occurred.)

1 2 ☒ 4 Ran off Road

1 2 3 ☒ Jackknife

1 2 3 4 Overturn (Rollover)

1 2 3 4 Downhill Runaway

1 2 3 4 Cargo Loss or Shift

1 2 3 4 Explosion or Fire

1 2 3 4 Separation of Units

1 2 3 4 Collision involving pedestrian

1 ☒ 3 4 Collision involving motor vehicle in transp.

1 2 3 4 Collision involving parked motor vehicle

1 2 3 4 Collision involving train

☒ 2 3 4 Collision involving pedalcycle

1 2 3 4 Collision involving animal

1 2 3 4 Collision involving fixed object

1 2 3 4 Collision involving other object

1 2 3 4 Other

### Cargo Body Type

146

1 

Bus

6 

Concrete Mixer

2 

Van, Enclosed box

7 

Auto Transporter

☒ 

Cargo Tank

8 

Garbage Refuse

4 

Flatbed

9 ☒ Other

5 

Dump

10 

Log Truck

**CARRIER INFORMATION****138 - INTERSTATE CARRIER**

Mark the "Y" bubble for any of the following:

- 1) An out-of-state driver, or
- 2) An out-of-state vehicle, or
- 3) US DOT or ICC MC#, or
- 4) A carrier with an out-of-state address, or
- 5) Any other indication that the driver crosses state lines.

Mark the "N" bubble if you do not find any of the above indicators.

**139 - CARRIER NAME**

Print the name of the motor carrier company from the first available source. The name of the carrier may be found printed on the vehicle's side, on the shipping papers, or by asking the driver.

**140 - CARRIER  
IDENTIFICATION  
NUMBERS**

Enter at least one of the numbers requested. Numbers can usually be found on the outside door panel of the power unit.

**141 - SOURCE**

Mark the appropriate bubble to indicate the source of the carrier name information listed in field 139.

**142 - CARRIER ADDRESS**

Enter the carrier's current address including city, state and zip code.

**VEHICLE INFORMATION****143 - GROSS VEHICLE  
WEIGHT RATING**

Enter the vehicle's gross vehicle weight rating (GVWR) in pounds. This information may be found on the manufacturer's specification plate in the driver's door area, on the side of the vehicle, or by asking the driver.

**144 - TOTAL # AXLES**

Enter the total number of axles on the truck or bus; include the axles on the truck or bus, semi-trailers and trailers.

**145 - VEHICLE  
CONFIGURATION**

Mark the bubble which best depicts the type and description of the vehicle involved in the accident.

**146 - SEQUENCE OF EVENTS**

Mark 1 to 4 bubbles (i.e. events) in the order in which they occurred to the truck or bus involved in the accident.

**147 - CARGO BODY TYPE**

Mark the bubble which best describes the cargo body type of the truck or bus involved in the accident.

**Access Control.** An engineering term used to describe the level of vehicle access permitted on a highway or street.

1. No Control (Unlimited Access). Vehicles have few restrictions on entering or exiting the roadway. Examples: City streets, most state highways, all county trunk highways, parking lots, etc.
2. Full Control (Freeways) Vehicles are restricted to entry and exit at interchanges (ramps) only. A divided highway with 4 or more lanes. Examples: I-90, I-94, I-43, US 53 from Chippewa Falls to Trego, other freeway systems.
3. Partial Access (Expressway). Vehicle access is restricted to entry and exit only by ramp and/or "some" intersecting roads. A divided highway with 4 or more lanes. Examples: US Hwy 41 in Washington & Fond du Lac counties, US 18/151 between Dodgeville and Mount Horeb, etc.

**Accident** Is an occurrence that originates or terminates on a traffic way, which involves at least one motor vehicle in transport and results in injury or death to any person, or damage to property. (See TRANS 100, Wis. Admin. Code).

**Bicyclist** Any pedalcycle that is not motorized such as a bicycle, tricycle, unicycle, pedalcab, etc.

**C.A.D.R.E.** Acronym for Critical Automated Data Reporting Elements. Created by the U.S. DOT in cooperation with the States, the C.A.D.R.E. data elements are designed to increase the analytical utility of accident data and foster uniform comparisons of accident characteristics between states.

**Cardinal Direction** The principal direction the traffic way was designed to travel. This may or may not be the same as the actual compass direction.

**Condition** (Driver) An observable state of being involving alcohol, drugs, physical disability, or some other condition that the officer is able to observe.

**Construction Zone** The distance between the first advance warning sign and the point beyond the work area where traffic is no longer affected.

**Construction Zone Related Accident** An accident resulting from an activity, behavior, or traffic control related to the construction zone but not necessarily within it.

**Extricate** To release from an entanglement or difficulty.

**Farm Equipment** Any equipment, not subject to registration, used in the operation of a farm.

**Fatality** Any injury received in a traffic accident which results in death within 30 days of the accident.

**Fire** The combustion, explosion or burning of an object.

## Definitions

**First Harmful Event** The first occurrence of injury or damage.

**Fixed Object** Any object attached to the terrain. A fixed object can include a tree, boulder, utility pole, traffic signal, guard rail, bridge abutment, fence, building, ditch, culvert, embankment, etc.

**Gore** On a freeway or expressway, it is the area between the exit or entrance ramp and the mainline highway.

**Injury** Physical injury to a person resulting in death, the need of first aid, or attention by a physician or surgeon, regardless of whether first aid or medical attention was received (s. 346.70(1), Wis. Stats.).

**Intersection** The area within the prolongation of the lateral curb lines. If no curb exists, extend the lateral boundary lines of the roadway of two joined traffic ways.

**Intersection-Related** An accident resulting from an activity, behavior, or traffic control which affects a unit's movement in relation to an intersection, whether the point of origin or first harmful event occurred within the intersection or not.

**Maintenance Vehicle Or Equipment** Any unregistered motor vehicle or equipment used for the maintenance or construction of highways, farming, horse drawn buggy, etc.

**Most Harmful Event** The event which produces the greatest injury or damage.

**Motor Vehicle In Operation** Any motorized device moving persons or property from one place to another upon a highway or street.

**Object On Road** Any object on the roadway which is not considered a fixed object.

**Occupant** Passenger in or on a vehicle.

**Other Animal** Any domestic or wild animal, including flying birds.

**Overturning** Any motor vehicle which overturns causing an occurrence of injury or damage.

**Parked Motor Vehicle (Legally)** Any motor vehicle stopped, parked, disabled, or abandoned along the roadway where normal usage permits such stopping or parking outside the roadway traffic lanes.

**Pedestrian** Any person who is not in or upon a motor vehicle *or pedalcycle*. Pedestrians include persons operating manually or mechanically propelled wheelchairs, or other low-powered vehicles designed specifically for use by a physically disabled person.



## Definitions

**Point Of Origin** The location point where an accident begins from an activity affecting a unit's movement.

**Power Unit** *Any automobile, truck, tractor, bus, motorcycle, moped, or any self-propelled or motor driven vehicle.*

**Railway Train** Any device operating under its own power in use upon a railway.

**Traffic Barrier** A permanent device (e.g., beamguard, guardrail or concrete barrier) that separates two different travel lanes.

**Traffic Way** Any premises open to the public as a matter of right or custom for use of their motor vehicles whether the premises are publicly or privately owned ***and all premises provided by employers to employees for the use of their motor vehicles and all premises provided to tenants of rental housing in buildings of 4 or more units for the use of their motor vehicles whether such premises are publicly or privately owned and whether or not a fee is charged for the use thereof.***

**Unit** Any vehicle, pedestrian, bicyclist or equipment.

## POWER UNIT LICENSE PLATE TYPES

Complete field 61 by entering the 3 letter abbreviation for plate type:

Amateur Radio	<b>AMA</b>	Dual Purpose		Municipal General	<b>MUN</b>
Antique	<b>ANT</b>	Farm	<b>DPF</b>	Municipal Official	<b>MNO</b>
Apportioned		Dual Purpose		Special Design Veh	<b>SDV</b>
Veh.	<b>APO</b>	Vehicle	<b>DPV</b>	State Owned Veh	<b>SOV</b>
ABC Annual		Farm-Regular	<b>FRM</b>	Special X	<b>SPX</b>
Truck	<b>ATK</b>	Farm-Heavy	<b>HFM</b>	Special Mobile	
Auto	<b>AUT</b>	Finance Company	<b>FNC</b>	Equip Z	<b>SPZ</b>
BX Bus	<b>BBX</b>	U S Government	<b>GOV</b>	Temporary	
School Bus	<b>BSB</b>	Hobbyist	<b>HOB</b>	Operation	<b>TEM</b>
Insert Bus	<b>BUS</b>	In-Transit	<b>ITP</b>	Tractor	<b>TOR</b>
Civilian Group	<b>CVG</b>	Lac du Flambeau		Insert Truck	<b>TRK</b>
Collector-		Tribe	<b>LDF</b>	In Transit	
Special	<b>CLS</b>	Medal of Honor	<b>MDH</b>	Transporter	<b>TST</b>
Collector Veh.	<b>COL</b>	Menominee		Disabled Vet	<b>VET</b>
Motorcycle	<b>CYC</b>	Nation	<b>MEN</b>	National Guard	<b>WNG</b>
Dealer	<b>DLR</b>	Manufacturer	<b>MFG</b>	University Group	
Demonstrator	<b>DEM</b>	Military Group	<b>MLG</b>	Plate	<b>HEG</b>
Distributor	<b>DST</b>	Moped	<b>MPD</b>	WI State Patrol	<b>WSP</b>
Driver Ed Veh	<b>DEV</b>	Motor Home	<b>MTM</b>	Ex-POW	<b>XPW</b>
Disabled Person	<b>DIS</b>	Municipal Cycle	<b>MNC</b>		

## TRAILING UNIT LICENSE PLATE TYPES

Apportioned		Farm Trailer	<b>FTL</b>	Transfer Trailer	<b>TFT</b>
Trailer	<b>APT</b>	Insert Trailer	<b>ITL</b>	Out-of State Semi	
Annual Trailer	<b>ATL</b>	Mobile Home	<b>MBH</b>	(not apportioned)	<b>TRL</b>
Camping Trailer	<b>CMP</b>	Semitrailer	<b>STL</b>		

See also the "Wisconsin License and Motor Carrier Credentials Guide" for vehicle registration plate types.

## TOWED UNIT INSTRUCTIONS

If a trailer or towed unit is involved in an accident, use the following abbreviations to identify the TOWED UNIT on the last line of the narrative:

<b>AUTO - AUTO</b>	<b>FULL TRAILER - TRLR</b>	<b>SEMI TRAILER - SEMI</b>
<b>BUS - BUS</b>	<b>MOBILE HOME - MBHM</b>	<b>TRUCK - TRUK</b>
<b>EQUIPMENT - EQMT</b>	<b>RECREATIONAL - RECR</b>	<b>UTILITY TRAILER - UTIL</b>

## STATE ABBREVIATIONS

AL	Alabama	MT	Montana
AK	Alaska	NE	Nebraska
AZ	Arizona	NV	Nevada
AR	Arkansas	NH	New Hampshire
CA	California	NJ	New Jersey
CO	Colorado	NM	New Mexico
CT	Connecticut	NY	New York
DE	Delaware	NC	North Carolina
FL	Florida	ND	North Dakota
GA	Georgia	OH	Ohio
HI	Hawaii	OK	Oklahoma
ID	Idaho	OR	Oregon
IL	Illinois	PA	Pennsylvania
IN	Indiana	RI	Rhode Island
IA	Iowa	SC	South Carolina
KS	Kansas	SD	South Dakota
KY	Kentucky	TN	Tennessee
LA	Louisiana	TX	Texas
ME	Maine	UT	Utah
MD	Maryland	VT	Vermont
MA	Massachusetts	VA	Virginia
MI	Michigan	WA	Washington
MN	Minnesota	WV	West Virginia
MS	Mississippi	WI	Wisconsin
MO	Missouri	WY	Wyoming

## INTERNATIONAL AND OTHER ABBREVIATIONS

AB	Alberta	FR	France
AE	Armed Forces - Europe, the Middle East and Canada	GE	Germany
AP	Armed Forces - Pacific	GU	Guam
AA	Armed Forces - Americas (except Canada)	GB	Great Britain
BC	British Columbia	MB	Manitoba
CN	Canada	MX	Mexico
CZ	Canal Zone	NB	New Brunswick
DC	District of Columbia	NS	Nova Scotia
		ON	Ontario
		OF	Other Foreign
		PE	Prince Edward Island
		PR	Puerto Rico
		PQ	Quebec
		SK	Saskatchewan
		US	US Government
		VI	Virgin Islands

## APPENDIX 1

### **MOTOR VEHICLE TRAFFIC FATALITY REPORTING PROCEDURE**

Agencies handling or investigating fatalities arising from fatal traffic accident must immediately direct a TIME Administrative Message to "MVFR" (Motor Vehicle Fatality Reporting) by the end of the working shift during which the fatality occurred. We ask that all agencies implement reporting procedures that make timely reporting possible.

**1. DATE AND TIME OF ACCIDENT**

Enter the day, date and time of accident indicating if the time is AM or PM.  
example 1. Tuesday, December 2, 1997, 9:52 PM

**2. NAME, SEX, DATE OF BIRTH, TIME AND DATE OF DEATH OF PERSON(S) KILLED**

example 2. James P. Smith, Male, 06/15/54, Died 12/02/97 9:55 PM

**3. CAN NAMES BE RELEASED TO PRESS? Yes or No**

**4. LOCATION OF ACCIDENT**

Enter the roadway, county, municipality or township where the accident occurred.

example 3. STH 82, Adams County, Town of Jackson

**5. TOTAL NUMBER AND TYPE OF UNITS INVOLVED**

Vehicle types:	Auto	Equipment	Motorcycle
	Truck	Bicycle	Pedestrian
	Bus		

example 4. 3 vehicle accident, auto-motorcycle-auto

**6. ROLE AND SAFETY EQUIPMENT USED BY PERSON(S) KILLED**

Roles:	Driver	Passenger
	Motorcycle Driver	Bicyclist
	Pedestrian	

Safety Equipment:	Shoulder Belt Only Used
	Lap Belt Only Used
	Shoulder Belt and Lap Belt Used
	Child Safety Restraint Used
	Helmet Used
	Helmet and Eye Protection Used
	No Helmet-Eye Protection Only Used
	Airbag Deployed
	Restraint Use Unknown
	None Used

example 5. Role - Motorcycle Driver, Safety Equipment - Helmet Used

**7. NAME OF INVESTIGATING ENFORCEMENT AGENCY**

example 6. Adams County Sheriff's Department

# APPENDIX 2

## MOTOR VEHICLE FATAL SUPPLEMENT REPORT

Wisconsin Department of Transportation  
MV3480 881

1. Document Number  
(From MV4003)

### ACCIDENT INFORMATION

2. Accident Date (Mo-Day-Yr)	3. No. of Travel Lanes	4. Time Ambulance NOTIFIED AM PM	5. Time Ambulance Arrived at SCENE AM PM	6. Time Ambulance Arrived at HOSPITAL AM PM
7. Roadway Surface Type 1 Concrete 2 Blacktop (Bituminous) 3 Brick or Block 4 Slag, Gravel or Stone 5 Dirt 6 Other	8. Roadway Profile 1 Level 2 Grade 3 Hillcrest 4 Sag	9. Special Jurisdiction 0 No Special Jurisdiction 1 National Park Service 2 Military 3 Indian Reservation 4 College/University Campus 5 Other Federal Properties	10. Relation To Roadway 1 On Roadway 2 Shoulder 3 Median 4 Roadside 5 Outside Right of Way 6 Off Roadway - Location Unknown 7 In Parking Lane 8 Gore	11. Trafficway Flow 1 Not Physically Divided (Two Way Trafficway) 2 Divided Highway, Median Strip (Without Traffic Barrier) 3 Divided Highway, Median Strip (With Traffic Barrier) 4 One Way Trafficway

### VEHICLE INFORMATION

12. Special Use 0 No Special Use 1 Taxi 2 Vehicle Used as School Bus 3 Vehicle Used as Other Bus 4 Military 5 Police 6 Ambulance 7 Fire Truck	13. Emergency Use Y/N See s.340.01(3), 345.03 Wis. Stats.	14. Fire Y/N	15. Estimated Travel Speed Unit 1 Unit 2 Unit 3
---	---	--------------	--

### SURVIVING DRIVER INFORMATION

Unit 1	16. NAME First MI Last	17. Ejected Y/N	18. Estimated Y/N
19. Alcohol Test Given Y/N	21. Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	22. Drug Test Given Y/N	23. Drug Test Type - Circle One Blood Urine
20. Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	Results	24. Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown	
Unit 2	NAME First MI Last	25. Ejected Y/N	26. Estimated Y/N
Alcohol Test Given Y/N	Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	Drug Test Given Y/N	Drug Test Type - Circle One Blood Urine
Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	Results	27. Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown	
Unit 3	NAME First MI Last	28. Ejected Y/N	29. Estimated Y/N
Alcohol Test Given Y/N	Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	Drug Test Given Y/N	Drug Test Type - Circle One Blood Urine
Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	Results	30. Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown	

### FATALITY INFORMATION

25. Name - First MI Last	26. Ejected Y/N	27. Estimated Y/N	28. Date of Death	29. Time of Death AM PM
1.				AM PM
2.				AM PM
3.				AM PM
30. Officer Completing Report - Print Name	31. Officer ID No	32. Enforcement Agency Name	33. Report Date	

## APPENDIX 3

MV4000 Page # 1 Required Information for Unit Type 5 Vehicles or Bicycles

(e.g. R.R.trains, farm tractors and self-propelled farm machinery, graders, snowmobiles, ATV's, golf carts, horse and buggy)

15

# Wisconsin Motor Vehicle Accident Report

Document Number Overide

INSTRUCTIONS		County		Accident Date		Time of Accident (Military Time)		Total Number		Hit & Run		Unit #	
Place me: Box 24 Pin or #2 Pin Mark Area as above: Carrot Mark Intervall Above Reportable Accident		40 57		1797		1312		020200		Hit & Run Government Property Fire (Narrative) Phone Taken (Narrative) Trailer or Towed (Narrative) Truck or Bus (Last Page) Load Spillage Conservation Zone Names Exchanged		Sheet No. of 11	
<b>ACCIDENT LOCATION</b> Public Highway, Intersection, Related Public Highway, Non-Intersection Parking Lot Private Property or Road													
LATITUDE (GPS)		Degrees		Minutes		Seconds		LONGITUDE (GPS)		Degrees		Minutes	
ON		40 57		1797		1312		020200		1312		020200	
BEAVER CREEK RUN		0.4		TIM DUFFY MEMORIAL PKY									
List Number		Unit Type		Total Number of Occupants		Direction of Travel (after the accident)		List Number		Unit Type		Total Number of Occupants	
1		A		1		R		1		A		1	
OPERATOR Last Name		First		MIL		R		OPERATOR Last Name		First		MIL	
COX		TAMMY		R		R		BISCOBING		LARRY		A	
ADDRESS Street & Number								ADDRESS Street & Number					
3343 ST JAMES PL								5212 WARGOLET WAY					
City & State		ZIP		Phone Number		920		City & State		ZIP		Phone Number	
GREEN BAY WI 54303		555-2973		CLARKSVILLE WI 53091		555-3243							
Driver License Number		Exp Date		Driver License Number		Exp Date							
C200-5367-0129-01 WI 99				B300-2345-5678-02 WI 98									
Date of Birth		Class		Endorse		Date of Birth		Class		Endorse			
09-21-70		Sec		Operating		08-30-55		Sec		Operating			
On Duty		Accident		Classified		On Duty		Accident		Classified			
Severity		SEAT		SAFETY		Severity		SEAT		SAFETY			
1		1		1		3		3		3			
TRAFFIC		Accident		Medical		TRAFFIC		Accident		Medical			
COW		ANDREW		G		SUE LINE RAILROAD		SUE		LINE RAILROAD			
Street Address						Street Address							
5664 S ADAMS DR						33744 BALLERIN TER							
City & State		ZIP		Phone Number		City & State		ZIP		Phone Number			
MILWAUKEE WI 53219		555-9760		JACOBS WI 53093		555-0200							
List of Vehicle		Make		Model		List of Vehicle		Make		Model			
93 PONTIAC		SUN		2 DR		MAR		LIONEL ELECTRIC TRAIN					
Vehicle ID Number		Year		Size		Exp Date		Vehicle ID Number		Year		Size	
1G3D15H0P8536797		AUT		W1 98				1G3D15H0P8536797		AUT		W1 98	
License Plate Number		Year		Size		Exp Date		License Plate Number		Year		Size	
H228LE		AUT		W1 98				H228LE		AUT		W1 98	
Policy Holder's Name		Last Name		First		MIL		Policy Holder's Name		Last Name		First	
ALLSTATE		GASZAK		JULIE		A		ALLSTATE		GASZAK		JULIE	
Address Street & Number		City & State		ZIP		Phone Number		Address Street & Number		City & State		ZIP	
275 LESNIEWSKI LA		PRADARELLVILLE WI 54911						275 LESNIEWSKI LA		PRADARELLVILLE WI 54911			
Address Street & Number		City & State		ZIP		Phone Number		Address Street & Number		City & State		ZIP	
275 LESNIEWSKI LA		PRADARELLVILLE WI 54911						275 LESNIEWSKI LA		PRADARELLVILLE WI 54911			
Address Street & Number		City & State		ZIP		Phone Number		Address Street & Number		City & State		ZIP	
275 LESNIEWSKI LA		PRADARELLVILLE WI 54911						275 LESNIEWSKI LA		PRADARELLVILLE WI 54911			
Address Street & Number		City & State		ZIP		Phone Number		Address Street & Number		City & State		ZIP	
275 LESNIEWSKI LA		PRADARELLVILLE WI 54911											

## APPENDIX 4

### EMERGENCY VEHICLE INVOLVEMENT

MF3347 190

Wisconsin Department of Transportation  
Traffic Accident Section  
P.O. Box 7919  
Madison, WI 53707-7919

Telephone: (608) 266-8753

Full Name of Driver of Emergency Vehicle		Driver License Number	
Address (Street) City		State	Zip Code
Accident Date	Accident Location	County	City
Full Name of Driver - Vehicle No. 2		Driver License Number	
Address (Street) City		State	Zip Code
Full Name of Driver - Vehicle No. 3		Driver License Number	
Address (Street) City		State	Zip Code

I request that this occurrence not be listed on the above driver's record because:

- ☐ The vehicle s/he was operating was legally parked under the exemptions in s.346.03, Wis. Stats., with the flashing, oscillating, or rotating red lights in use.
- ☐ The driver of the emergency vehicle intentionally collided with the other vehicle.
- ☐ The driver of the other vehicle intentionally collided with the emergency vehicle.

Describe occurrence below or attach explanation:

X

(Department Head or Designee)

(Department Name)

(Date)



**Complete Fields 1 - 6, 11, and 14 - 37. Remaining fields on this side may be left blank.**

- 103 -



# APPENDIX 5

Complete fields 80 and 81. Remaining fields may be left blank.

Occupant Unit Number	NAME	Last	First	MI	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
ADDRESS	Street & Number		City & State		ZIP					
Address Same as Operator	Yes	No	EJECTED		1 Not Applicable	2 Injury Observed	3 TRAPPED/EXTRACTED	4 Not Applicable	5 Trapped/Not Extracted	6 Unknown
Medical Transport	Y	N	Agency Splice							

Occupant Unit Number	NAME	Last	First	MI	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
ADDRESS	Street & Number		City & State		ZIP					
Address Same as Operator	Yes	No	EJECTED		1 Not Applicable	2 Injury Observed	3 TRAPPED/EXTRACTED	4 Not Applicable	5 Trapped/Not Extracted	6 Unknown
Medical Transport	Y	N	Agency Splice							

### Type of Accident

First Fatalities

Unit Number: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Collision With Object Not Faced

Motor Vehicle in Transport (1)

Parked Motor Vehicle (2)

Deer (3)

Pedestrian (4)

Other Animal (5)

Motor Vehicle in Transport (6)

In Other Roadway (7)

Other Object (Not Faced) (8)

Collision With Faced Object

Traffic Sign Post (9)

Traffic Signal (10)

Dulley Pole (11)

Lum. Light Support (12)

Other Post (13)

Tree (14)

Mailbox (15)

Guardrail Face (16)

Guardrail End (17)

Median Barrier (18)

Bridge Ramp End (19)

Bridge Pier/Abut. (20)

Impact Area/Obstr. (21)

Overhead Sign Post (22)

Bridge Rail (23)

Culvert (24)

Ditch (25)

Embankment (26)

Fence (27)

Other Faced Object (28)

Unknown (29)

Non-Collision

Overturn (30)

Fire/Explosion (31)

Immersion (32)

Jackknife (33)

Other Non-Collision (34)

### Driver Condition

Unit Number: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Driver Factors (Or Pedestrian)

Appeared Normal (1)

Reduced Alertness (2)

Ability Impaired (3)

Not Observed (4)

Presence

Neither Alcohol nor Drugs Present (5)

Yes—Alcohol Present (6)

Yes—Drugs Present (7)

Yes—Alcohol & Drugs Present (8)

Unknown (9)

Alcohol

AC Value: 10 Test Not Given (10)

11 Test Refused (11)

12 Test Given, Alcohol Unknown (12)

13 Test Given, No Alcohol Reported (13)

Drugs

Test Not Given (14)

Test Refused (15)

Test Given, Drugs Unknown (16)

Test Given, No Drugs Reported (17)

Drugs Reported (Specify Below) (18)

Marijuana (19)

Cocaine (20)

Opium (21)

Amphetamines (22)

PCP (23)

Other Drug/Medication (24)

Type Unknown (25)

### Unit #

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Location

1. In Crosswalk (1)

2. In Roadway (2)

3. Not in Roadway (3)

4. On Sidewalk (4)

5. Walking Facing Traffic (5)

6. Walking not Facing Traffic (6)

7. Disregarded Signal (7)

8. Daring into Road (8)

9. Dark Clothing (9)

10. Walking Facing Traffic (10)

Manner of Collision

1. No Collision with Motor Vehicle in Transport (1)

2. Head On (2)

3. Rear to Rear (3)

4. Angle (4)

5. Sideswipe, Same Direction (5)

6. Sideswipe, Opposite Direction (6)

7. Unknown (7)

Diagram: [Diagram showing vehicle positions and collision angles]

Unit #

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Diagram Numbered Areas of Vehicle Damage

1. None (1)

2. Undercarriage (2)

3. Total Damage to all Areas (3)

4. None (4)

5. Very Minor (5)

6. Minor (6)

7. Moderate (7)

8. Severe (8)

9. Very Severe (9)

10. Unknown (10)

Extent of Damage

1. None (1)

2. Undercarriage (2)

3. Total Damage to all Areas (3)

4. None (4)

5. Very Minor (5)

6. Minor (6)

7. Moderate (7)

8. Severe (8)

9. Very Severe (9)

10. Unknown (10)

Extent of Damage

1. None (1)

2. Undercarriage (2)

3. Total Damage to all Areas (3)

4. None (4)

5. Very Minor (5)

6. Minor (6)

7. Moderate (7)

8. Severe (8)

9. Very Severe (9)

10. Unknown (10)

Extent of Damage

### Fixed Object Struck

Unit #

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Fixed Object Struck

1. Overturn (1)

2. Fire/Explosion (2)

3. Immersion (3)

4. Jackknife (4)

5. Other Non-Collision (5)

### PROPERTY OWNER

NAME

ADDRESS

City & State

ZIP

Phone Number ( )

# APPENDIX 5

No fields require completion on this side.

Draw Diagram of Scene with  
Indicate Vehicle Position  
Sketch Map of Area

## Pictorial Representation of Narrative

Supplemental Reports

Witness Statements

Measurements Taken

Sketches to be Project

Unit

Page

Subject

Type

N  
A  
R  
R  
A  
T  
I  
V  
E

REPORTER Last	First	M.I.
ADDRESS Street & Number		
Date of Birth		
City & State	Zip	Phone Number

ACCESS CONTROL	ROAD SURFACE	LIGHT CONDITION
<ul style="list-style-type: none"> <li>No Control</li> <li>Unimproved Access</li> <li>Full Control</li> <li>(Single Ramp Entry Exit)</li> <li>Partial Control</li> </ul>	<ul style="list-style-type: none"> <li>Part A</li> <li>1 Straight</li> <li>2 Curve</li> <li>Part B</li> <li>1 Level Flat</li> <li>2 Hill</li> </ul>	<ul style="list-style-type: none"> <li>1 Daylight</li> <li>2 Dark-Not Lighted</li> <li>3 Dark-Light</li> <li>4 Dawn</li> <li>5 Dusk</li> <li>6 Unknown</li> </ul>

TRAFFIC WAY	ROAD SURFACE CONDITION	WEATHER
<ul style="list-style-type: none"> <li>Not Physically Divided (3-4-5-6-7-8-9)</li> <li>Divided Highway Median</li> <li>Stop with Traffic Barrier</li> <li>Divided Highway Median</li> <li>Stop with Traffic Barrier</li> <li>One-Way Traffic</li> <li>Parking Lot or Private Property</li> </ul>	<ul style="list-style-type: none"> <li>1 Dry</li> <li>2 Wet</li> <li>3 Snow/Slush</li> <li>4 Ice</li> <li>5 Sand, Mud, Dirt, Oil</li> <li>6 Other</li> <li>7 Unknown</li> </ul>	<ul style="list-style-type: none"> <li>1 Clear</li> <li>2 Cloudy</li> <li>3 Rain</li> <li>4 Snow</li> <li>5 Fog, Smog, Smoke</li> <li>6 Skirt, Mist</li> <li>7 Freezing Rain or Drizzle</li> <li>8 Blowing Sand, Soil, Dirt, Snow</li> <li>9 Severe Crosswinds</li> <li>10 Other</li> <li>11 Unknown</li> </ul>

RELATION TO INCIDENT	
<ul style="list-style-type: none"> <li>On Roadway</li> <li>Parking Lot or Private Property</li> <li>Shoulder (Other than Shoulder within Median or Grassy)</li> <li>Median (Other than Median within Grassy)</li> <li>Outside Shoulder-Left</li> <li>Outside Shoulder-Right</li> <li>Off Roadway-Location Unknown</li> <li>Grass (Area between Ramp &amp; Highway)</li> </ul>	<ul style="list-style-type: none"> <li>1 On Ramp</li> <li>2 Unknown</li> </ul>

Photos By:

### What Drivers Were Using

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<ul style="list-style-type: none"> <li>1 Going Straight</li> <li>2 Making Left Turn</li> <li>3 Making Right Turn</li> <li>4 Slowing or Stopping</li> <li>5 Stopped in Traffic</li> <li>6 Legally Parked</li> <li>7 Violating No Parking Zone</li> <li>8 Illegally Parked</li> <li>9 Parking Maneuver</li> <li>10 Backing Maneuver</li> <li>11 Changing Lanes</li> <li>12 Overtaking on left</li> <li>13 Overtaking on right</li> <li>14 Making U-Turn</li> <li>15 Horns on red</li> <li>16 Merging</li> <li>17 Negotiating Curve</li> <li>18 Other</li> </ul>	<ul style="list-style-type: none"> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>10</li> <li>11</li> <li>12</li> <li>13</li> <li>14</li> <li>15</li> <li>16</li> <li>17</li> <li>18</li> </ul>

### Traffic Control

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<ul style="list-style-type: none"> <li>1 No Control</li> <li>2 Traffic Signal Operating</li> <li>3 Traffic Signal Flashing</li> <li>4 Stop Sign</li> <li>5 Stop Sign with Flasher</li> <li>6 Warning</li> <li>7 Warning with Flasher</li> <li>8 Yield Sign</li> <li>9 Traffic Control Person</li> <li>10 Other</li> </ul>	<ul style="list-style-type: none"> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>10</li> </ul>

**Complete fields 125 - 132 and 135 on this side. Remaining fields may be left blank.**

Document Number Overwrite

Driver Factors		Vehicle Factors		Highway Factors	
Unit Number	Unit Number	Unit Number	Unit Number	Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10
N/A	N/A	N/A	N/A	N/A	N/A
1 Exceeding Speed Limit	1	1 Brake System	1	1 Snow, Ice or Wet	1
2 Speed too Fast Condition	2	2 Tires	2	2 Narrow Shoulder	2
3 Fall to Yield Right of Way	3	3 Steering System	3	3 Low Shoulder	3
4 Inattentive Driving	4	4 Turn Signals	4	4 Soft Shoulder	4
5 Following too Close	5	5 Head Lamps	5	5 Loose Gravel	5
6 Improper Turn	6	6 Stop Lamps	6	6 Rough Pavement	6
7 Left of Center	7	7 Tail Lamps	7	7 Debris from Prior Accident	7
8 Disregarded Traffic Control	8	8 Disabled in Prior Accident	8	8 Other Debris	8
9 Improper Overtaking	9	9 Other Disabled	9	9 Sign Obscured or Missing	9
10 Unsafe Backing	10	10 Mirrors	10	10 Narrow Lane	10
11 Failure to have Control	11	11 Suspension System	11	11 Construction Zone	11
12 Driver Condition	12	12 Other	12	12 Visibility Obscured	12
13 Physically Disabled	13			13 Other	13

OFFICER INFORMATION				Date Modified			Time Modified (Officer Time)		Time Arrived (Officer Time)		Date of Report		
Law	Fpo	NIL		MONTH	DAY	YEAR	HOURS	MIN.	HOURS	MIN.	MONTH	DAY	YEAR
Law	BARRINGTON	BART I		Jan	01	97					Jan	01	97
Law	320 S WALNUT ST			Feb							Feb		
Law	APRINGTON WJ	54911		Mar	06	97	0	0	0	0	Mar	06	97
Law	720 S 830 S	5405		Apr			0	0	0	0	Apr		
Law				May			0	0	0	0	May		
Law				Jun			0	0	0	0	Jun		
Law				Jul			0	0	0	0	Jul		
Law				Aug			0	0	0	0	Aug		
Law				Sep			0	0	0	0	Sep		
Law				Oct			0	0	0	0	Oct		
Law				Nov			0	0	0	0	Nov		
Law				Dec			0	0	0	0	Dec		

<b>When To Use This Section:</b> Did the accident involve: ...		<b>Hazardous Material Information</b>	
Part A <input type="checkbox"/> A truck with at least two axles and six tires? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A truck with a hazardous material placard? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A bus designed to carry 16 or more persons, including the driver?		<input type="checkbox"/> • Hazardous Material Class Numbers (1-2 digit):  <input type="checkbox"/> • Hazardous Material "CN" Numbers (4 digit):  <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Hazardous Material Placed Displayed: <input type="checkbox"/> Hazardous Cargo was Released:  List the Hazardous Material(s) by name in this load:  List the Name(s) of Released Hazardous Material(s): 	
STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.			
Part B <input type="checkbox"/> Any person who was fatally injured? <input type="checkbox"/> Any injured person requiring transport for immediate medical treatment? <input type="checkbox"/> One or more vehicles that had to be towed from the scene as a result of the accident?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N  STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section. ...	

[illegible]

# APPENDIX 6

## MV4000 Page # 1 Required Information for Hit & Run Vs. Legally Parked Accident

6829889  
Document Number Override

### Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS: Please use #1 Black Ink Ball Pen or #2 Pencil. Mark Areas as shown: General Mark, Insurance Mark, Repeatable Accident.

County: **13** MCTWP: **73** Accident Date: **11/19/98** Time of Accident (Military Time): **0046** Total Number: **020000**

Hit & Run: Government Property, Fire (Narrative), Photos Taken (Narrative), Trailer or Towed (Narrative), Truck or Bus (Last Page), Local Spillage, Construction Zone, Names Exchanged.

Unit # **1** Sheet No. **1** Of **1**

ACCORDION LOCATION: Public Highway, Intersection Related, Public Highway, Non-Intersection, Parking Lot, Private Property or Road.

LATITUDE (GPS): **ON** **SPRING ST** Estimated: **120.0** LONGITUDE (GPS): **FROM AT** **NORTH ORCHARD ST**

Unit Number, Unit Type, Last Number of Occupants, Direction of Travel (Before the Accident), Unit Number, Unit Type, Last Number of Occupants, Direction of Travel (Before the Accident).

Operator Last Name: **H+R** Operator Last Name: **LEGALLY PARKED**

Address: Street & Number, City & State, ZIP, Phone Number.

Driver's License Number, Sex, Exp. Year, Driver's License Number, Sex, Exp. Year.

Date of Birth, Sex, Operating Class, Endorse, On Duty Accident, Date of Birth, Sex, Operating Class, Endorse, On Duty Accident.

Severity, SEAT, SAFETY, AIRBAG, EJECTED, Trapped/Extricated, Vehicle Owner Name, Street Address, City & State, ZIP, Phone Number.

Year of Vehicle, Make, Model, Body Style, Color, Year of Vehicle, Make, Model, Body Style, Color.

Vehicle ID Number, License Plate Number, Policy Holder's Name, Liability Insurance Company, Status.

Occupant Unit Number, Name, Last, First, M.I., Date of Birth, Sex, Severity, SEAT, SAFETY, AIRBAG, EJECTED, Trapped/Extricated, Vehicle Owner Name, Street Address, City & State, ZIP.

Address Same as Operator, Yes/No, Not Applicable, Trapped/Extricated, Not Applicable, Trapped/Extricated, Medical Transport, Agency Space, EMS Number.

MV4000 1296

## APPENDIX 7

## MV4000 Page #1 Required Information for a Pedestrian Accident

6829886

Document Number Overlay

Wisconsin Motor Vehicle  
Accident Report

INSTRUCTIONS Please use a Black Ink Pen or #2 Pencil. Mark areas as shown.		County <b>40</b> <b>57</b>		Accident Date Month <b>04</b> Day <b>98</b> Year <b>98</b>		Time of Accident (Military Time) Hour <b>10</b> Minute <b>05</b>		Total Number Unit <b>02</b> Driver <b>01</b> Other <b>00</b>		Hit & Run Government: Property Fire (Narrative) Photos Taken (Narrative) Trailer or Towed (Narrative) Truck or Bus (Last Party) Load Spillage Construction Zone Names Exchanged		Unit # Sheet No. <b>1</b> Of <b>1</b>	
Reportable Accident										ACIDENT LOCATION Public Highway, Intersection Related Public Highway, Non-Intersection Parking Lot Private Property or Road			
LATITUDE (GPS) ON <b>WEST SILVER SPRING DR</b>		Longitude Estimated		LONGITUDE (GPS) FROM CAT <b>NORTH 64TH ST</b>									
Unit Number		Unit Type		Total Number of Occupants		Direction of Travel (Before the Accident)		Unit Number		Unit Type		Total Number of Occupants	
Operator Last Name <b>CITIZEN JOHN</b>		First Name <b>JOHN</b>		Middle Initial <b>M</b>		Sex <b>Q</b>		Operator Last Name <b>SMITH MARY</b>		First Name <b>MARY</b>		Middle Initial <b>L</b>	
Address <b>8400 W CAPITOL DR</b>		City & State <b>MILWAUKEE WI 53222</b>		Phone Number <b>555-6789</b>		Class <b>414</b>		Address <b>1234 W WISCONSIN AVE</b>		City & State <b>MILWAUKEE WI 53211</b>		Phone Number <b>555-1234</b>	
Driver's License Number <b>C300-2345-6789-01 WI</b>		State <b>WI</b>		Exp. Year <b>01</b>		Class <b>01</b>		Driver's License Number <b>S100-9876-5432-01 WI</b>		State <b>WI</b>		Exp. Year <b>99</b>	
Date of Birth <b>6-21-56</b>		Sex <b>Q</b>		Operating <b>AS</b>		Class <b>414</b>		Date of Birth <b>12-03-65</b>		Sex <b>Q</b>		Operating <b>AS</b>	
On Duty Accident		Classified		CMV		Severely SDI Person		On Duty Accident		Classified		CMV	
Severity SDI Person		SDI Person		SDI Person		SDI Person		Severity SDI Person		SDI Person		SDI Person	
TRAPPED EXTRICATED		TRAPPED EXTRICATED		TRAPPED EXTRICATED		TRAPPED EXTRICATED		TRAPPED EXTRICATED		TRAPPED EXTRICATED		TRAPPED EXTRICATED	
Vehicle Owner Last Name		First Name		Middle Initial		Sex		Vehicle Owner Last Name		First Name		Middle Initial	
City & State		ZIP		Phone Number		City & State		ZIP		Phone Number		City & State	
Year of Vehicle <b>96</b>		Make <b>FORD</b>		Model <b>TAURUS</b>		Body Style <b>4DR</b>		Color <b>DBL</b>		Year of Vehicle		Make	
Vehicle ID Number <b>2F6H1KL0123456789</b>		Plate Type <b>XYZ012</b>		State <b>WI</b>		Exp. Year <b>99</b>		License Plate Number		Plate Type		State	
Policy Holder's Name		Policy Holder's Name		Policy Holder's Name		Policy Holder's Name		Policy Holder's Name		Policy Holder's Name		Policy Holder's Name	
Last Day of Insurance Company		Last Day of Insurance Company		Last Day of Insurance Company		Last Day of Insurance Company		Last Day of Insurance Company		Last Day of Insurance Company		Last Day of Insurance Company	
Occupant Unit Number		Address		Street & Number		City & State		ZIP		City & State		ZIP	
Address Same as Operator		Yes		No		Yes		No		Yes		No	
MV4000 1296													



## APPENDIX 8

### STANDARD ABBREVIATIONS FOR STREETS, AVENUES, ETC.

Avenue	AVE	Island	IS
		Islands	ISS
Bend	BND		
Boulevard	BLVD	Junction	JCT
Box	BOX		
Bridge	BRG	Lake	LK
Brook	BRK	Lakes	LKS
Building	BLDG	Lane	LN
Causeway	CSWY	Manor	MNR
Center	CTR	Meadows	MDWS
Circle	CIR		
Corner	COR	Park	PARK
Corners	CORS	Parkway	PKY
Court	CT	Pass	PASS
Courts	CTS	Path	PATH
Creek	CRK	Pike	PIKE
Crescent	CRES	Place	PL
Crossing	XING	Point	PT
Drive	DR	Ridge	RDG
		Road	RD
Estates	EST	Row	ROW
Expressway	EXPY	Run	RUN
Freeway	FWY	Station	STA
		Street	ST
Gardens	GDNS	Summit	SMT
Gateway	GTWY		
Glen	GLN	Terrace	TER
Grove	GRV	Trail	TRL
		Turnpike	TPKE
Heights	HTS	Way	WAY
Highway	HWY		
Hill	HL		
Hills	HLS		



# Wisconsin Department of Transportation Transportation Districts

## DISTRICT 8

Eugene McDonald, Director  
1701 N. 4th St.  
Superior, WI 54880-1068  
(715)382-7925

## DISTRICT 7

Daniel Grasser, Director  
Hanson Lake Road  
Rhinelander, WI 54501-0777  
(715)365-3490

## DISTRICT 6

Donald Gulkowski, Director  
718 W. Clairemont Ave.  
Eau Claire, WI 54701-5108  
(715)836-2891

## DISTRICT 5

Alan Lorenz, Director  
3550 Mormon Coulee Rd.  
La Crosse, WI 54601-6767  
(608)785-9022

## DISTRICT 4

Richard Bonneville, Director  
2610 Industrial St.  
Wisconsin Rapids, WI 54495-8021  
(715)421-8360

## DISTRICT 3

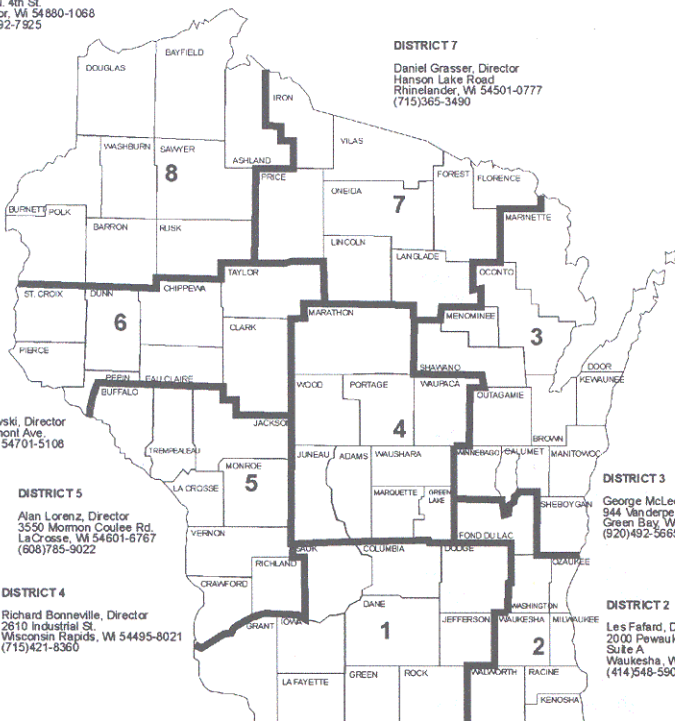
George McLeod, Director  
944 Vanderveiren Way  
Green Bay, WI 54324-0080  
(920)492-5665

## DISTRICT 2

Les Fafard, Director  
2000 Pewaukee Road  
Suite A  
Waukesha, WI 53187-0798  
(414)548-5902

## DISTRICT 1

Thomas Carlson, Director  
2101 Wright Street  
Madison, WI 53704-2583  
(608)246-3800



# Exterior Vehicle Damage Appraisal Guide

This guide is intended for use as a tool to assist in determining whether the vehicle damage caused by the accident meets or exceeds the \$1,000 threshold.

## Standard Vehicles

Escort, Cavalier, Civic, Accord  
Camry, Bonneville, Explorer  
Taurus, Voyager, Dodge Ram

## Luxury Vehicles

Lincoln, Cadillac, Mercedes  
Lexus, Corvette

<i>Part Type</i>	<i>Minor</i>	<i>Major</i>		<i>Minor</i>	<i>Major</i>
Front Bumper	350	650		650	1050
Grille, Header & HL	300	450		350	550
Radiator	450	450		600	600
Hood	350	600		600	950
Front Fender	300	500		400	650
Windshield	350	350		350	350
Door	600	1000		750	1250
Roof	750	1250		750	1250
Rear Quarter Panel	750	1250		750	1250
Trunk Lid	450	750		650	1100
Rear Bumper	400	650		550	950
Wheel-Tire-Cap	250	250		450	450
Air Bag Deployed	1500	1500		1500	1500
Front Suspension (one-side)	750	750		1450	1450
Complete Front End Sheet Metal	1150	2500		1500	4500
Complete Rear End Sheet Metal	1350	3100		1850	4850

\**Major* - Cost includes replacement of the parts and labor (installation and/or for refinishing), and cost figures are rounded off.

\* *Minor* - Cost includes the replacement of some of the components, repairing some of the components and labor (installation/repair, and/or refinishing), and cost figures are rounded off.

\* After January 1, 1999, it is recommended that you add 10 percent to the totals to adjust for annual price increases.